Lectures
ON THE
RELATIONS OF THE TUBERCLE BACILLUS TO PHTHISIS.

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LECTURE I.
ITS PATHOLOGICAL ASPECTS.

GENTLEMEN,—More than a year has elapsed since Koch's important discovery of the tubercle bacillus, and this period has been occupied by observers of various countries in testing his conclusions in their different aspects, clinical and pathological. We must bear in mind that the great problem which Koch set himself to solve was whether the disease called phthisis was due to the presence in the system, and to its rapid multiplication, of a definite organism, and to no other cause whatever. Villemin, Marcet, Simon, Andrew Clark, and others, finding that by inoculating rodents with tubercular matter they produced tuberculosis in these animals, concluded that phthisis was a specific disease, capable of inoculation, and could only be generated by tubercle. Later on Drs. Sanderson and Wilson Fox succeeded in inducing tuberculosis in guinea-pigs, not only by inoculation with phthisical sputum and tuberculous products, but also with pus, putrid muscle, lardaceous liver, and a number of non-tuberculous materials, and even by inserting setons under the skin, thus overthrowing, for a time at any rate, the doctrine of the specific character of tubercle production. An important point to bear in mind with regard to these last-mentioned experiments is that the experimenters never succeeded in producing tubercle traumatically if the influence of the external air was entirely withdrawn, or if the setons were steeped in carbolic acid. These experiments were repeated by Drs. Waldenburg, Cohnheim, and Fraenkel, who at first apparently arrived at corresponding results, but afterwards were led to change their opinion, as will be seen later on. Schottelius of Würzburg produced granular pulmonary tuberculosis in dogs, by making them respire air charged with pulverised phthisical sputum, but he produced similar results with air charged with the expectoration of bronchitis, with Limburg cheese and with vermilion. Klebs, firmly convinced of the specific nature of tubercle, had described an actively moving organism as its cause. Schüller and Toussaint had pictured a spherical micrococcus in connexion with the disease. Anfrecht had found more than one form of organism, and thus paved the way for the next step, which was the discovery of Koch. Koch having by means of certain aniline dyes detected the bacillus tuberculosis, succeeded through a series of ingenious cultivations in procuring it pure and simple. He first took tubercle, and after washing it with a solution of corrosive sublimate, removed the outer layers and separated a portion into which he might fairly expect that no bacteria of putrefaction had penetrated. This he spread over a nutrient soil consisting of the blood plasma of the ox, which had been previously sterilised by boiling in a test tube. The coagulum of this, with the tubercle added, was introduced into a test tube with a cotton-wool plug and kept in an oven at a temperature of 37° to 38° C. (98·6° to 100·4° F.) Nothing appeared during the period of incubation of the ordinary bacteria of putrefaction, but at the end of ten days there were seen on the dry surface of the coagulum a number of very small points or dry-looking scales, surrounding the pieces of tubercle spread out in circuits more or less wide according to the distribution of the tubercle fragments. After a few weeks' more exposure these crusts ceased to enlarge, and were then transferred to a fresh test tube containing blood plasma similarly prepared. After another interval of ten days the scales appeared, became confluent, covering more or less of the surface of the coagulum as the seed was scattered, and so from test tube to test tube the experiment was carried out under the most rigorous antiseptic conditions as many as a dozen times and for a period extending over 150 days. With the results of these culture experiments 200 rabbits and guinea-pigs were inoculated, the places selected being under the skin, the peritoneal cavity, or the anterior chamber of the eye. With one exception all these animals acquired tuberculosis of the lungs, liver, spleen, and other organs, the tubercles having the structure of true tubercle and including giant cells, which latter were found to contain bacilli. Such being Koch's results, how are we to account for the production of tubercle by non-specific inoculation, such as Schottelius and others performed? Klebs suggested that they might be ascribed to infection, as the experiments were performed in laboratories at Berlin in the presence either of animals already tuberculous, or where tuberculous materials might remain from previous investigations. Cohnheim and Fraenkel, to test this, repeated their experiments with non-tuberculous materials on similar rodents, Cohnheim in the laboratories of Kiel and Breslau, and Fraenkel in his own home, and with absolutely negative results in both cases, thus demonstrating that the septic atmosphere, and not the simple irritation, was the cause of the tuberculosis. Cohnheim held, previous to Koch's discovery, that the best test of tubercle was its inoculability, and that it was conveyed by specific organisms to the lungs, and affected thus both pleura and bronchial glands. Mr. Watson Cheyne[1] confirms Klebs' suspicions by a series of recent experiments on rodents, which he states he performed under the best hygienic conditions, with complete isolation of the animals from each other, and thorough disinfection by heat of the instruments used. In six cases setons of various kinds were introduced either subcutaneously or into the anterior chamber of the eye. In ten vaccine lymph was used, in three pyæmic pus was injected either into the eye or under the skin, or into the abdomen; in six, various materials, such as cork, hardened tubercle which had been soaked for three months in alcohol, or worsted, were introduced into the abdominal cavity. In none of these rodents did tuberculosis result. Mr. Cheyne also made experiments with cultivations of bacilli obtained from Dr. Koch. He inoculated twelve animals with these organisms, chiefly into the anterior chamber of the eye; all of them became tuberculous, and more rapidly than after the inoculation with tubercular tissue. The tubercle obtained from these cases was again inoculated and shown to be infective, causing tuberculosis in other animals and containing the tubercle bacilli, which were found to be most numerous when obtained from bovine tuberculosis, and least so when taken from human tubercle. It appears impossible to resist the force of these demonstrations, and we are compelled to admit that there is a specific element in tubercle, the presence or absence of which determines the success or failure of the inoculation. This element is apparently the tubercle bacillus, but we must not exclude the possibility of other organisms playing a part in the process of tuberculosis. The publication of Koch's paper was followed by a search after the bacillus by a large number of observers in various countries. The sputum of phthisis was tried for the bacillus by Balmer, Fraenkel, D'Espines, Heron, Heneage Gibbes, West, Dreschfeld, Whipham, and myself among others, and our conclusions confirmed those of Koch as to its almost invariable presence in phthisis and its absence from the sputum of other chest diseases. To the particulars of my own researches I will allude more fully presently. The bacillus has also been detected in the purulent effusion of a knee-joint, in tuberculous ulcers of the intestine, and in tuberculous kidney, and it is stated to have been discovered in the lymphatics of the lung, and doubtless in time it will be discovered in other organs.

Few institutions could be more interested in this discovery than this hospital, which is for the most part devoted to the investigation and treatment of consumption, and in which any aids to diagnosis and prevention are heartily welcomed. The subject was soon taken up, and our labours were directed towards testing (1) the sputum, (2) the blood of the patients, and (3) the air of the wards. With regard to tests, Koch's original plan did not give us very successful results; Ehrlich's answered better, and with Weigert's additions seems excellent, but Heneage Gibbes' was early adopted on account of its simplicity and speed, and a fresh mass of cases were thus examined, the bacilli being stained with magenta-aniline, and the ground substance with chrysoidin or methylene blue. Lately, however, I have adopted a

[1] Practitioner, April, 1883.

modification somewhat resembling Rindfleisch and Chill's,[2] which still further simplifies and shortens the process. The cover-glass with the dried sputum thereon is floated in a few drops of magenta aniline in a watch-glass, and heated over a flame till vapour is seen to rise from the surface. The watch-glass is then removed and allowed to cool for two or three minutes, the cover-glass is afterwards treated successively with nitric acid (1 in 4), with distilled water and a weak solution of alcohol. It is dried and mounted in Canada balsam, the whole process not exceeding eight minutes. When, however, I am doubtful of a result, I test a second specimen, this time allowing the cover-glass to remain in magenta-aniline for a long period—say, of twenty-four hours—and subsequently compare the two; but I generally find that the first method is sufficiently accurate. This process has answered well for detecting the bacillus tuberculosis quickly in sputum; but Gibbes' solution does sometimes colour putrefactive bacilli, and if the second solution be not used, we have to be careful, though the form and size of these latter differ entirely from those of the tubercle bacilli. Another difficulty is that the red staining of such preparations often fades, owing, Dr. Gibbes tells me, to the fact of heat being used; but I have also noted the fading in several slides where heat was not used. Dr. Gibbes' new process[3] has the advantage of getting rid of the nitric acid, of rapidly staining the tubercle bacilli, the putrefactive bacilli, and various micrococci blue, thus demonstrating most of the organisms present in the sputum of phthisis. Dr. Gibbes showed me the process, and kindly furnished me with some of the solution. He has noted one form of micrococcus frequently present in addition to the tubercle bacillus. I have not tried this process largely; but as yet it has not proved as successful in my hands as the former ones, partly owing to the density of the fluid, and partly to some of the tubercle bacilli being coloured a sort of neutral tint instead of red. The Weigert-Ehrlich solution (saturated watery solution of aniline 100 cubic centimetres, saturated alcoholic solution of fuchsin or magenta ten cubic centimetres) is an excellent stain for sputum sections. I have sometimes substituted it for Gibbes' because of its less intense colour and greater fluidity, and obtained very good results. Under the microscope you will find sputum of consumptive patients containing bacilli stained by all these various processes, as well as some admirable sections of tubercle of the lungs and trachea, and cavity scrapings tinted by the Weigert-Ehrlich process, kindly exhibited by our pathologist, Dr. Percy Kidd. (Specimens exhibited.) One of these last shows the massing of the bacilli on the ulcerated mucous surface of the trachea in a remarkable manner. Some account of the general results of the examination of the sputum were given in THE LANCET in February; but since that date we have added considerably to our numbers, which amount now to about 200, many of which have been made the subject of separate clinical study, as will be seen later on. Twenty-three patients were examples of lung affections other than phthisis—viz., asthma, emphysema, bronchitis, pleurisy, chronic pneumonia, pulmonary congestion, bronchiectasis, and empyema. In no one instance of these did the sputum contain bacilli. On the other hand, of the 200 cases of phthisis, which included acute and chronic forms in all stages of the disease, in all but three, bacilli were found. The blood of several acute cases of phthisis was next examined, but here we entirely failed to detect bacilli, though, judging by the height of the fever and the evident infection of the system, we were quite prepared to find them.

The next point of investigation was the air of the hospital. As a convenient way of testing this, I selected one of the ventilation shafts in which the flues of several wards converge, and in which extraction takes place at the rate of 300 to 400 feet a minute. In this current I suspended glass plates smeared with glycerine for a period of five days. The plates were then washed with distilled water, the fluid mixed with a little mucilage and evaporated down to half, and the residue tested for bacilli, which were found in fair abundance. I may mention that the wards from which this air came contained a small proportion of chest cases other than phthisis, though the great majority of the patients were phthisical. As a further experiment, by Dr. Green's suggestion, I had a number of non-phthisical patients placed in a ward recently cleaned out and whitewashed, and I suspended similar glass plates in the extracting flues, and here there were no bacilli found. Another ward was filled with consumptive patients, some in an advanced stage, and the air extracted from this ward similarly tested. A slide containing dust from this ward flue is placed under one of the microscopes, and you will see a few bacilli in the field, not in abundance, or of great length, as we see in the sputum, but few and rather short, but still definite. This plate was exposed for fourteen days in the flue, and is conclusive in its results. Mr. Percez, one of the clinical assistants, at my request, examined the blood expectorated in two cases of haemoptysis under the care of Dr. Tatham, and in each found bacilli.

(To be concluded.

[2] Deutsche Medicinische Wochenschrift, No. 2, 1883.
[3] THE LANCET, May 5th, 1883.

ON THE

DEVELOPMENT AND COAGULATION OF THE BLOOD.[1]

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ON Nov. 14th, 1878, I had the honour of presenting to this Society a paper bearing the title, "On the Existence in Mammalian Blood of a New Morphological Element which explains the Origin of the Red Disc and the Formation of Fibrin." The discovery which formed the subject of this paper was made in August, 1877. From that time to this I have devoted myself unremittingly to the study of the lymph and the blood, with a view to obtain a comprehensive grasp of the question in all its bearings. At a moderate estimate not less than 40,000 hours have been given to the subject by myself and my assistant, and we have to show for our labours a very considerable museum of photographs depicting the various developmental stages, and also states and conditions of change and degeneration of which the morphological elements of the lymph and blood are susceptible. I mention this to show that the views for which I contend have not been hastily formed upon an insufficient basis of fact. Some of these results have been given in my recent work on "The Physiology and Pathology of the Blood,"[2] but by far the greater part of the story of the blood revealed by these researches remains yet to be told. It will be interesting to you to know that the views of the development of the blood and of fibrin formation, which I explained to you in 1878, are steadily and surely gaining ground, and there can be no doubt that their reception has been much facilitated by a circumstance which will be in the memory of most of you—viz., the rediscovery in 1882, by Professor Bizzozero of Turin, of one of the series of corpuscles which in my first paper to this Society I designated the "fugitive group of discs," on account of their tendency to undergo change into fibrin in abnormal states of the blood. You will remember that Bizzozero described the properties and tendencies of his "blood-plates or discs" in terms so akin to those which I had employed and published as to leave no doubt upon your minds that he was travelling upon the lines which I had already laid down. So much did this view take root that your president (Dr. Heslop) for the years 1878-79 and 1879-80, the periods during which my papers were read, drew up a document which was entered on the minutes of your Society at a meeting held on February 9th, 1882, and subsequently extracted and published in your Proceedings, vol. iii., part i., 1881-82. This communication of your president bore the following title:—"Note on the Papers by Dr. Norris 'On the Development of Mammalian Blood,' published in the Proceedings of the Society, vol. i., 1878-1879, and vol. ii., 1879-1880, in relation to the 'Discovery' announced by Professor Bizzozero." This note was, by special resolution of your Society, sent to the Royal Society and other learned bodies, with a view of drawing their attention to the priority of the English claim. It is fitting that at this the first opportunity which has presented itself, I should publicly acknowledge my indebtedness and gratitude to the Society and its former president and council for this spontaneous mark of their appreciation

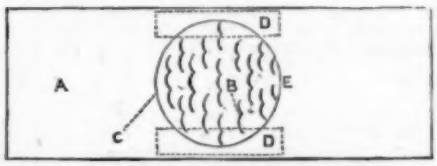
[1] Delivered before the Birmingham Philos. Society, April 12th, 1883.
[2] London: Smith, Elder, and Co.

of my labours, and for the extremely valuable and able document referred to, which by its careful comparison of facts and dates is an independent testimony setting at rest for ever the question as to when, where, and by whom the third morphological element of the blood was discovered. Personally this action was peculiarly grateful as coming from those among whom my lot is cast, and who by constant association are better qualified than more distant persons to form an adequate opinion, if not of the value certainly of the earnestness, and continuity, of my labours.

In the early part of the year Professor Bizzozero published the pamphlet which I hold in my hand, which consists of his various contributions on this subject, and bears the title, "Di un Nuovo Elemento Morfologico del Sangue e della sua importanza nella Trombosi e nella Coagulazione." To the preface of this work a note is appended, in which the author contents himself with the simple reiteration that there is nothing in common between his "blood-plates" and "Norris's invisible corpuscles." At some future time I shall critically review the whole of Bizzozero's work in this connexion, but I propose on this occasion to confine myself to the consideration of various objections which have been made to my views since the publication of my recent work on the "Physiology and Pathology of the Blood." Everyone who has followed the new methods of investigating the blood which I have proposed has become convinced of the reality of the phenomena described and photographed, and the only point therefore remaining in dispute is whether such appearances belong to the normal conditions of the blood, or whether they are the products of my peculiar methods of investigating this fluid,—in other words, is the colourless disc a normal constituent of the blood, or, as some have asserted, a decolourised red disc? It is to the discussion of this point I propose principally to apply myself.

Mechanical methods.—The objections which have been made to my mechanical arrangements for showing the invisible corpuscle have been principally directed against the "packing glass or barrier method," in which the rings of Newton are made use of to filter away a part of the liquor sanguinis, and so to bring the edges of the red discs into mutual proximity, with the view of ascertaining if any invisible but tangible body intervened which would prevent them becoming approximated. This method is, to my mind, both when the glass and the mica cover is used, an exceptionally valuable one, and nothing that has been said against it has in the least shaken my conviction of its utility. I deny altogether that the bodies which I recognise and understand as the invisible colourless discs can be produced by pressure or compression, and I shall not rediscuss this question, because it is a sheer waste of time to do so. The Gordian knot of this difficulty can be cut at once, for it does not matter in the least what takes place at the barrier or rings of Newton—whether the corpuscles are here compressed or not, or whether they yield up their hæmoglobin or the contrary. It is of no consequence what takes place at this point, because it is not here that we look for the colourless discs, but, as I have pointed out in my work, before this point is reached, and among corpuscles which have never been near to it, and which have not suffered any compression whatever, as may be known by the fact that no increase has taken place in their diameter. In photograph 50, for example, the red discs are in the spherical state, and by their proximity have converted each other into polygonal prisms which would have a thickness of about $\frac{1}{15000}$, instead of as usual $\frac{1}{3500}$, of an inch. The colourless and intermediate discs in this specimen show how different they are in their properties to the red discs by adhering to and spreading themselves down in contact with the glass surface. I have further pointed out that in some of the specimens which contained air bubbles the discs accumulated against the walls of the bubbles, and that patches of packing were thus produced in which the invisible discs were excellently well seen, and that in such cases the thickness of the bubble wall and the general conditions of the experiment entirely precluded the supposition that any compression could be present. By reasoning on this observation, I have succeeded in producing a new method for "procuring a view of invisible corpuscles," as one of my critics puts it. I propose to call this the "method by arrest." Various linear devices in imitation of the walls of bubbles calculated to produce arrest or obstruction are drawn with asphalte varnish upon the upper surface of a slide. The slide is then placed in a solution of hydrofluoric acid for a sufficient length of time to dissolve away and lower the level of the unprotected parts to a little greater depth than the thickness of a blood disc. This is readily achieved after a few preliminary experiments. The asphalte is then cleaned off and raised projections or linear elevations remain in contact with which the cover glass may be strapped down. These, like the bubble walls, form obstructions around which the corpuscles aggregate, and in the aggregations thus formed the invisible discs display themselves. It is impossible in an arrangement like this that anything of the nature of compression or pressure can exist, and the corpuscles are not removed from the liquor sanguinis. The arrangement will be better understood by reference to the diagram and its description (see Fig. 1).

FIG. 1.



A. Glass slide. B. Linear elevations. C. Cover-glass. D D. Plaster strips. E. Point to introduce blood.

It generally happens that as an investigation proceeds, and we become better acquainted with the exact conditions upon which phenomena depend, that less difficulty exists in devising methods for attaining our ends. The only conditions necessary for displaying the invisible disc appear to be that the corpuscles shall exist in single layers, and be brought into close proximity with each other, with their plastic powers unimpaired—i. e., they must not be hardened or coagulated, but capable of moulding themselves to each other. It is not necessary that they should be "between two glass plates lying one against the other," which some have thought to be objectionable because of "the impossibility of getting blood to circulate through clear glass tubes not previously moistened with alkaline solution." This difficulty is thought by the writer to be due to change produced in the corpuscles by contact with the inner surface of the tube. It is in truth due to the adhesion of the invisible and fugitive corpuscles to the wall of the tube, and the gradual formation of fibrin. This adherence is far more liable to take place to the surfaces of some glass than of others. To avoid the corpuscles being brought into contact with two surfaces of glass, the following method of displaying the colourless discs may be adopted.

Capillary recession Method.—Cover-glasses having considerable curvature may be laid upon a slide with the concavity downwards, a drop of pure blood, or blood diluted with sulphate of soda having been previously placed upon the slide. The cover-glass should be so placed that the drop of blood should be in the centre, and should be of such a size as to come into contact with and adhere to both the slide and the cover, it will then take the form seen in the diagram, and will exhibit tension curves upon its free surfaces. The drop will then commence to travel in the direction of its greatest curve, or, if the curves are equal, the advantage may be given to one side or other by inclining the slide a little. When the travelling globule of blood reaches the point of contact of the slide and cover, it will be carried by capillarity around the base, and will effectually seal up the arrangement from the external air, and prevent any alteration from evaporation. The cover-glass must now be examined *in situ*. In successful specimens groups of red discs enclosing invisible or colourless discs will be readily found. (See Fig. 2.)

FIG. 2.

(Exaggerated.)

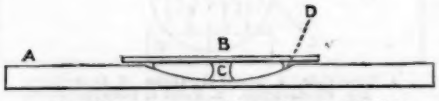
A. Slide. B. Concave-glass C. Drop of blood. D. Position of blood at the end of experiment.

It may be here remarked that the 5 per cent. solution of sulphate of soda is an excellent preservative of the corpuscles of the "fugitive group," including the primary or quite

invisible, and it preserves this latter greatly from granulating, which it is very apt to do when pure or undiluted blood is used; hence, in comparing the results with and without sulphate of soda by this, the "capillary recession, method," we become thoroughly acquainted with the source of the white or colourless granules of the blood (Gulliver's granules), and find that these recognised centres of fibrin formation are nothing more or less than the disintegrated corpuscles of the fugitive group of the blood.

The arrangement depicted below is the same in principle as the former one, but is reversed. It has the advantage that the slides containing the concave depressions being regular articles of commerce, can be readily obtained, and the cover-glass being flat, higher powers can be brought to bear on the adhering groups of corpuscles. Like the other arrangement, it has the advantage of sealing itself up from all connexion with the external atmosphere. (See Fig. 3.)

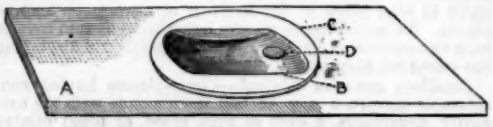
FIG. 3.



A. Glass-slide with concave depression. B. Flat thin cover-glass. C. Drop of blood before recession. D. Position of blood at the end of preparation.

Another method, which may be called the "gravity method," consists in letting a drop of blood properly diluted with sulphate of soda spread itself by its own weight upon the cover-glass in an enclosed space to prevent evaporation and concentration of the diluent. It is a means of showing the colourless discs in blood which has never been in contact with two surfaces, and may to certain minds appear to be superior to some of the other processes. The drop of blood being placed upon the cover-glass, the latter is gently let down into its place and the slide inclined sufficiently to allow the dependent drop of blood to move slowly from one end of the space to the other. The adhering groups of corpuscles left behind on the cover may then be examined without of course removing it. (See Fig. 4.) Keeping in view the three essential

FIG. 4.



A. Glass-slide. B. Oblong depression in slide. C. Cover-glass. D. Drop of blood diluted with sulphate of soda.

conditions before referred to—viz., single layer, close contact, and normal plasticity,—it is not difficult to devise mechanical methods by which these colourless discs can be demonstrated.

(To be continued.)

ON THE

SAFE ADMINISTRATION OF BICHLORIDE OF METHYLENE.

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SOME weeks ago a paper appeared in THE LANCET from my pen on the "Safe Administration of Chloroform." From the inquiries I have received about my mode of administration and the inhaler used from every part of the United Kingdom and distant parts of Europe, I conclude that my contribution has attracted much attention, and I sincerely hope that many lives will be saved by my earnest appeal to the profession to take into serious consideration the necessity for using anæsthetics, as they do other potent agents, in the smallest dose capable of producing the desired result.

In the communication referred to I stated that by putting into Snow's inhaler, modified by Matthews Brothers, first five minims of chloroform, then in twenty seconds ten minims, in forty seconds fifteen minims, and the latter quantity every minute, I produced complete insensibility to pain with a total quantity varying from twenty minims to seventy-five, with, I believed, perfect safety, and with a great diminution of the struggling and subsequent after-nausea and vomiting. I have also found the best means of remedying the struggling or failure of the pulse in the introduction of thirty minims of pure ether by the same inhaler. I promised in the same paper to work out in the same manner the absolute and comparative power of bichloride of methylene. I have since then, both in private and hospital practice, administered the bichloride of methylene with the same apparatus, but without the hot water between the compartment containing the anæsthetic and the outer jacket of the instrument, with the following most satisfactory results. In almost every case the bichloride of methylene was as efficient in the same small doses as an anæsthetic as chloroform. The heart's action in no case failed in the slightest degree, the struggling was less violent, and the after-nausea and vomiting were very much less troublesome. I recollect only two cases where they were present out of a great many administrations. To show that I did not select my cases I will shortly relate two.

CASE 1.—A man, aged seventy, but looking much older, had a very suspicious tumour on and extending under the left part of the body of the lower maxillary bone. He had considerable insufficiency of the mitral valve. Mr. Harcourt Coates operated. It was foreseen that a careful dissection would be required, for the tumour dipped into and among important structures under the angle of the jaw The operation lasted half an hour. I administered methylene. Anæsthesia was obtained by forty-five minims, and kept up by ten minims poured into the inhaler whenever unconscious movements occurred. The quantity used was seventy-five minims in all.

CASE 2.—A man, aged forty-nine, with largely consolidated apex of his left lung, with crackling on coughing, under the care of Dr. Coates in a medical ward of the Salisbury Infirmary, suffered from intense pain in defecation. On examining the rectum with Curling's speculum, we saw pus oozing from an opening about an inch and a half from the anus. I decided to make an incision through the abscess, and to divide by the same incision a few fibres of the sphincter ani. This man inhaled 125 minims of bichloride of methylene before he became unconscious, and there was considerable struggling. I performed the operation. He soon recovered his consciousness, and was entirely relieved from pain. Mr. Wilson, our house-surgeon, reported to me that he had suffered no unpleasant after-effects from the anæsthetic. This is the largest quantity required by any patient.

I cannot conceive two more unfavourable cases for anæsthesia, yet no symptom of danger arose. The struggling in both cases ceased on administering through the inhaler thirty minims of ether. The absence of failure of the heart has been mentioned in this mode of giving small but efficient doses of this agent, as also the great comparative absence of nausea and vomiting. I have observed that the patients under bichloride of methylene became much sooner conscious when the inhalation was discontinued than under chloroform. In this lies the comparative safety and weakness of the bichloride of methylene. It does not in some cases abolish so completely the reflex functions as does chloroform, and in two cases of operations on the rectum, where the reflex action is so easily excited, fifteen minims of chloroform were substituted for the methylene, with immediate advantage. For the same reason I can conceive that in delicate operations on the eye or its appendages chloroform would be better than bichloride of methylene. This is a point I shall test with some anxiety, as in some eye operations vomiting is a matter of great importance. I allude of course to extraction of cataract and iridectomy. In the removal of a sightless eyeball from injury I found the bichloride of methylene in an old man quite as effective as chloroform, and, I feel sure, freer from danger. As my plan, no doubt, has been tried by many, and no contradictions have come from any quarter, and as no death has occurred or been reported under this mode of administration of chloroform or bichloride of methylene, and as, moreover, it is in strict accordance with the principle universally acknowledged and adopted with all other potent medical agents—viz., to confine ourselves to the smallest dose capable of producing the result aimed at,—I sincerely trust that in the interest of their patients and of themselves medical practitioners will give this mode a fair trial and record the results. Anyone not doing so, and having a fatal case, would be most painfully situated, I

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should think, at the subsequent coroner's inquest. My conviction is that the danger from chloroform and bichloride of methylene is so minimised by this method, if closely adhered to, that they may be used with the most perfect confidence in persons free from organic disease; and, if I may judge from my own practice, in cases in which we should not have dared to do so—i.e., in cases of advanced organic disease of heart or lungs. The repeated small doses by their insistance on the attention of the administrator might, if necessary, as a gentleman who came from Birmingham to witness this mode said, be advanced as an additional source of safety. I must repeat, in reference to the bichloride of methylene, what I advanced as to chloroform, that as some persons are very easily affected so there are others who require increased doses (twenty minims per minute), though this is very rare.

I may here add that I formerly used Junker's inhaler, but it has not the accuracy of the one I use now; and there is the disadvantage that a quantity of the vapour remains in the atmosphere of the operating room, and so becomes a source of danger. It has been proved on every occasion when looked into that the whole of the fifteen minims of the anæsthetic have been consumed at the end of each minute with the instrument used by me. I trust that my medical brethren will not think that any of my utterances in this paper have been too strong; if so, I hope that in extenuation they will consider my deep conviction that some, perhaps many, lives must be sacrificed if the adoption of small doses be not made general.

Salisbury.

NOTES AND REMINISCENCES OF A CHOLERA EPIDEMIC AT KOTREE AND HYDERABAD, SCINDE, INDIA.

BY JOHN ROCHE, M.D.,

RETIRED SURGEON, BOMBAY ARMY; FORMERLY CIVIL SURGEON, KOTREE; CIVIL SURGEON, HYDERABAD; VACCINATION SUPERINTENDENT, SCINDE AND MAHRATTA CIRCLES, ETC.

CHOLERA attacked the labourers who were engaged in canal digging near Hyderabad in August, 1869, having been for some time previously amongst the inhabitants of Thurr and Parkur to the south-east of Scinde. On September 3rd, 1869, the first case was reported at Kotree, as being in a village about three miles to the north, on the right bank of the Indus. On inspection it was ascertained that the man attacked had been suffering from diarrhœa for some time. He had been at work on the canal near Hyderabad, where cholera was prevailing, and had only arrived the day previous for the purpose of receiving the attention of his people. In two days a second case occurred in a hut close to where the first was ill (it was a woman who had been nursing the first victim), and after another few days a little girl was attacked in the same house with the woman. Notwithstanding that every effort was made to isolate the cases the disease spread rapidly through the village. On the 12th of September the first case broke out at Kotree, a town of about 20,000 natives and about 400 Europeans, being at that time the headquarters of the Scinde Railway and Indus Steam Flotilla, with workshops and the Settlement Survey of the Right Bank Division of Scinde. The case was a policeman's wife, who came from Hyderabad to visit her friends the night previous. The other cases, which soon followed, were traced distinctly to contagion from this source. Personal intercourse and association were traced between those early affected in the epidemic, so as to convince the most sceptical as to the infectious nature of cholera. There was no predisposing cause that could be discerned, excepting that there was an excess of rain and floods in the preceding months, and that the air in September was unusually sultry, still, and moist. There was no defect in the water-supply, nor was there any insufficiency or deterioration in the food of the inhabitants. Amongst a population embracing many castes, the lower orders were more amenable to the disease than those who could live in comfort; but one caste following a particular occupation or existing on a specific food was not affected more than another. The Europeans escaped comparatively well; only three were attacked, two of whom were intemperate in habits and died. They became literally panic-stricken directly the cholera made its appearance in the locality. The symptoms were the usual ones: vomiting and purging, first of contents of alimentary canal, next bilious matter, afterwards whitish rice-water discharge; cramps, epigastric heat, burning thirst, a semi-intoxicated state of the nervous system, præcordial anxiety, coldness of surface of body to the touch, choleraic voice, the eyes sunk in the sockets, and collapse. Death was preceded in most instances by a very offensive, tarry evacuation. The temperature in every stage, as taken in the axilla and the thermometer held well covered for above ten minutes, was over 99°, and in some cases in what is written as the algide or collapse stage over 100°. At this time this phenomenon had not been promulgated, as far as I could learn, so as to ensure credence. I secured Major (now Major-General) Malcolm Haig to witness it in two Europeans in different degrees of collapse, and whose bodies were extremely cold to the touch, and whose temperature, taken by the application of the instrument for two minutes, did not register more than 94°. I solicited Surgeon-Major Nolan, M.B., H.M.'s Bombay Army, to observe the rise in temperature attendant on covering and on excluding the cold air, who deemed the fact of great importance. It led me to conclude that cholera was purely and simply a specific fever, only inferior in its ravages to yellow fever, and closely allied to it.

There were altogether about 700 cases of cholera in a period of over two months, about 400 of which were treated directly by myself. The severity of the type has scarcely ever been equalled; 86 per cent. of those attacked were fatal. The duration of the disease varied from half an hour (there were two cases that never vomited or purged, that fell down with all the signs of cholera and died in less than half an hour) to three days, when, if the patient survived, remittent fever of a typhoid character supervened. The eyes were in some instances affected, and in three the recoveries were marred by blindness. A port-wine-coloured discharge was also a harassing complication.

The detailed reports of some forty cases, which I closely observed from commencement to termination, were forwarded to the Inspector-General of Hospitals at the time at Bombay, and also a full history of the epidemic, in which I satisfied myself of the truth of my contention against the fungus theory of Klobs, Bary, and Hallier, and the peculiar underground theory of Kölliker, as utterly unsound, towards the end of the year 1869, some months before Messrs. Lewis and Cunningham furnished theirs, which condemned the fungus theory. I stated then, that I had found the temperature in every stage raised when observed according to my directions, the capacity for resisting the abstraction of heat by surrounding elements diminished, the absorbents devoid of function, and the excretory organs much impaired. I have observed a similar condition of things following snake-bite, as published in a case by me in Fayrer's "Thanatophidia of India." The antiseptics (carbolic acid, sulphites, and quinine) had no beneficial action in treatment. Alkalies, acids, and metals availed not much, and ether and ammonia seemed not of great importance. In the collapse stages internal medicines were not apparently absorbed. The only applications which responded to any hope were sinapisms to the epigastric region, with mustard and turpentine frictions to the seat of cramps; and in the reaction, or recovery stage, by treating the disease purely and simply as a remittent fever, with quinine, arsenic, ammonia, and bark, with diaphoretics and cholagogues; ipecacuanha and antimony in small doses often repeated seemed most beneficial in the port-wine-coloured diarrhœa, which in many cases was a rebellious complication. Particular cases are gone into in my original report, and therein is a clear refutation of any other theory of cholera than that it is a malignant fever subject to epidemic and endemic influences. Cholera has a period of incubation varying from two to fourteen days; prone to attack the enervated and those subject to depression from any cause. It is contagious, and liable to occur periodically about every ten years in some parts of India. It seems to have visited the British Isles about every sixteen years, and as the period has elapsed since the last outbreak, it is more than likely to occur this year. The affection has a predilection, or wears its virulence out amongst a people. A fortnight after the last case occurred at Kotree a number of Afghans arrived, and there were some of the worst cases amongst them, but not one of the inhabitants of the town then took the malady. Those persons who indulge in no enervating habits, and take nothing internally which would arrest the secretions nor too drastically stimulate them, and partake of nothing which is highly fermentable, may safely feel that they are cholera-proof during an epidemic.

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ON A UNIQUE CASE OF

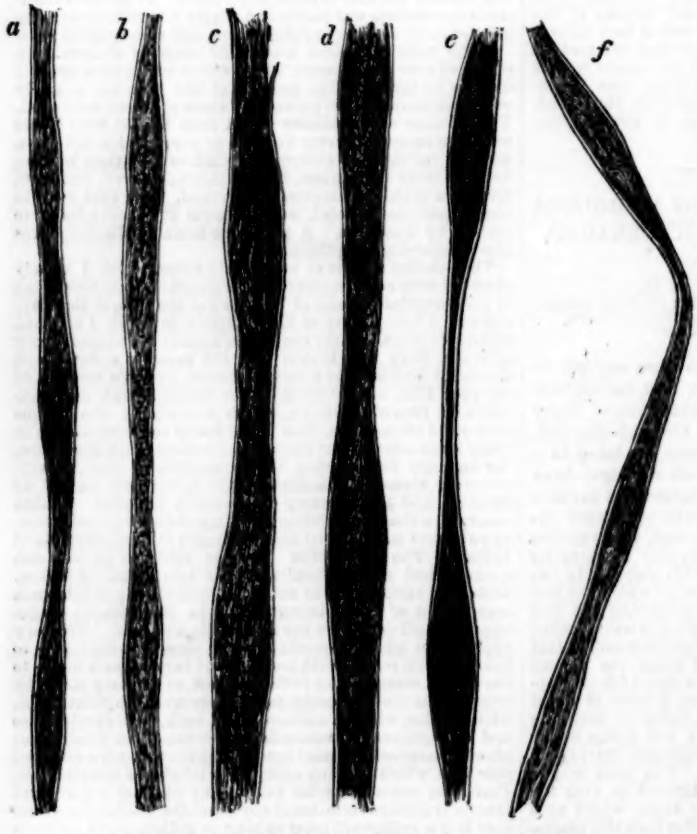
HEREDITARY TRICHOREXIS NODOSA.

BY DR. McCALL ANDERSON,

PROFESSOR OF CLINICAL MEDICINE IN THE UNIVERSITY OF GLASGOW, &C.

THERE are two conditions of the hair to which the term "trichorexis nodosa" has been applied; both apparently result from some indeterminate perversion of nutrition, and are probably closely allied pathologically, although I confess that I have never met with the two abnormalities combined. One of these has been most carefully described by Sir Erasmus Wilson under the name of "fragilitas crinium," a name which so accurately describes the condition that it is desirable to retain it, but that by which it generally is known is "trichorexis nodosa." Such an appellation is, however, inappropriate, for in it there is only an apparent, and not a real, nodosity of the hairs. In this affection the hair, which apparently is otherwise normal, is dotted here and there with little whitish-looking spots. On microscopic examination these are found to be partial fractures, having very much the appearance which would be presented by a couple of minute brushes stuck into one another. The friability of the hair is further demonstrated by the circumstance that after it grows a certain length it is very apt to break at one of these points, leaving a ragged, brush-like end. Any part may be attacked, but the hair of the face is much more frequently involved than that of the head. The condition must be due to some obscure deviation from a state of perfect health, leading to defective nutrition of the papilla of the hair, interfering with its growth and making it brittle. To the other morbid condition the term trichorexis nodosa should in my opinion be restricted, for in it the hairs are really nodose as well as brittle. At all events, it is in this sense that the name is used in the present article. In the cases which have come under my observation the greater portion, but not the whole, of the head was implicated. The parts were not bald, but the hair was very thin and short, of a dark colour, and crisp to the touch, and the scalp had a coarse scurfy-looking appearance, but there was no irritation. The hairs broke off at variable distances from the surface, and they were twisted and bent at acute angles. On examining them with the naked eye they are seen to be studded at regular intervals with little glistening dots, almost like beads on a necklace, and they are very apt to break across at one of the internodes. On microscopic examination, the dots are found to be little fusiform nodose swellings, the average diameter of which is $\frac{1}{3\,0\,0}$ in., while that of the constrictions is $\frac{1}{8\,0\,0}$ in. Good examples of this abnormality were described and shown by Dr. Walter G. Smith, of Dublin, at the Cork meeting of the British Medical Association in 1879. "It represents," he says, "a curious freak of perverted nutrition, there being, so to speak, a regular succession of periods of growth and of atrophy, or a periodic alternation of activity and sluggishness."[1]

FIG. 2.



Hair extracted from the heads of—(*a*) Mr. Jas. B., sen.; (*b*) Maggie, daughter of Jas. B., sen., aged 18 months; (*c*) James, son of Jas. B., sen., at the age of 3½ years; (*d*) ditto, at the age of 4½ years; (*e*) Mr. Wm. B., brother of James B., sen.; (*f*) Mabel B., daughter of Wm. B.

FIG. 1.

The nodes are for the most part opaque, as the result of pigmentary deposit, and are darker than the internodes, while in fragilitas crinium the apparent nodes have a white appearance. When the hairs break in the former it is at one of the internodes, and the broken extremity is sharply pointed, while in the latter it tends to do so at the seat of a partial fracture (apparent node), and the extremity is expanded and brush-like. (Fig. 1.) The one affection is met with almost exclusively on the head, while the other is generally observed on the beard or moustache, although the head may be affected as well. Both abnormalities are rare, more especially the former, which, as far as I can ascertain, has only been described by Dr. W. G. Smith and Dr. Liveing, and certainly no case has yet been recorded illustrative of its hereditary nature.

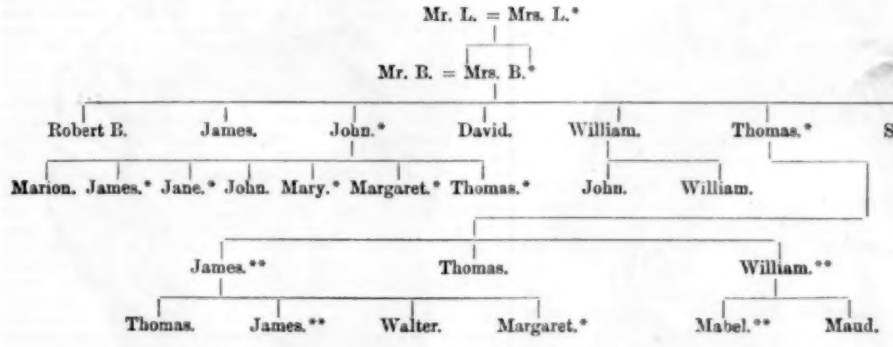
In the spring of last year Mr. James B——, senior, a farmer from the South of Scotland, consulted me with regard to his son James, aged three years and a half, on account of defective growth of the hair, implicating the greater part of the head, a condition which, as in the other members of the connexion about to be referred to, was congenital, or nearly so. The disease presented all the characters of the second variety of trichorexis nodosa just described, and the father himself was similarly affected. He informed me at the

[1] British Medical Journal, p. 656, May 1st, 1880.

same time that his daughter Maggie had the same disease, and on sending me some of her hair I found that it likewise exhibited the same nodose condition. Some time after this Mr. William B——, brother of James B——, senior, brought to me his daughter Mabel, and on examining them I found that both father and daughter were affected in the same manner. On inquiry I was informed that many other members of the connexion were in like manner affected, and at my request the first-named patient sent me the above family-tree, along with the following letter:—

"May 19th, 1881.

"Dear Sir,—I have now the pleasure of sending you samples of hair, as requested. I have traced the disease back to my great-grandmother, Mrs. L——, and believe that her family (McK.s) were also similarly affected. I send herewith a sketch of a family-tree, showing the members of each family who had weak hair; they are marked thus *. Those whom you have seen are marked **. Those who had weak hair were almost invariably dark. Those who have good hair are fair or of reddish complexion."



This case is so remarkable as an illustration of hereditary transmission of a very rare defect as to appear to me well worthy of being put upon record. In this affection stimulating lotions and ointments and arsenic internally are indicated.

ON DISTANT TRANSPLANTATION.

BY H. MACNAUGHTON JONES, M.D., M.CH.,
FELLOW OF THE ROYAL COLLEGE OF SURGEONS, IRELAND, AND EDINBURGH; EXAMINER IN OBSTETRICS, ROYAL UNIVERSITY OF IRELAND; LATE SURGEON, OPHTHALMIC AND AURAL HOSPITAL, CORK, ETC.

HAVING just read an interesting paper by Dr. Wolfe of Glasgow,[1] on "Transplantation of Skin-flaps from Distant Parts without Pedicle," I was reminded of an interesting case of mine on which I operated a few years since with perfect success. For general remarks on the history and advantages of this form of transplantation, I refer readers to the paper I have alluded to by Dr. Wolfe. A young girl, aged about thirteen, was sent to me by Dr. McDonough of Killarney, to ascertain if anything could be done to remove the unsightly deformities of the eyes (congenital), as shown in the drawing (Fig. 1), taken from a photograph before operation. The girl could just "make her way" about, but was very stupid. The palpebral aperture was reduced to a mere chink. The entire face was most expressionless, a generally vacant look pervading it. After consideration I determined to enlarge the palpebral aperture by a transplantation operation. Accordingly, the girl was sent up to the Ophthalmic Hospital, in which institution she remained a considerable time before the second photograph (Fig. 2) was taken. In the instance of the right eye, I first made an incision about an inch in length, running directly outwards from the external angle of the palpebral aperture. I then carefully freed the skin, and exposed a raw surface of a triangular shape. I next took from under the mamma with a fine and very sharp tenotome, aided by scissors, sufficient of the skin, making allowance for shrinking, as I considered would fill the gap made at the outer angle of the eye. This skin I placed lightly and carefully on the exposed surface. The piece was manipulated as little and as gently as possible. The margins were united to the surrounding skin by the finest (conjunctival) silk sutures. The part, first patted for some time with cotton-wool soaked in warm water, to which the smallest quantity of carbolic acid was added, was then covered with goldbeaters' skin, also dipped in some oil, to which were added a few drops of carbolic acid; the whole was protected with some isinglass plaster, and the dressings were not disturbed for twenty-four hours. On the fourth day the fine sutures were cut and withdrawn. The transplanted skin became at first much paler. It then shrank considerably, but it preserved its vitality and united to the subjacent tissue and the surrounding skin. The ultimate result is shown in the photograph. In the instance of the left eye I was uneasy lest I should not succeed in making the palpebral opening correspond with the right. Also, I did not wish to again leave any cicatrix on the chest. I thought I might best gauge the size of the piece to be removed by taking the skin for the right eye from the corresponding temple. In this case I preserved a pedicle. I carried the incision, as in the other eye, outwards for an inch, and freed the skin at the margins, and next, from the outer angle of the wound, marked out on the temple the shape and size of the skin to be transplanted. This I carefully removed, and (as in the ordinary ectropion operation) I brought it over the raw surface and fixed it with the same sutures as before. The subsequent treatment was similar to that adopted for the left eye. The photograph shows how the apertures corresponded. The change in this girl's facial expression after the cure was complete was such that I think no one would have recognised her as the same person who was admitted a few months previously. She became bright and had rather an intelligent look, becoming quite vain of the change in her personal appearance, and was delighted at the improvement in her vision before she left us.

Didot's operation.—Having had an unsatisfactory result in a case of webbed fingers by transfixion of the base of the web and cutting, I determined to try in the next patient the operation devised by Didot of Liège. The child, an intelligent lad, son of a military man, was sent to me by my friend Brigade-Surgeon Ffolliott, then stationed at Cork. The middle and ring fingers were united throughout their entire extent. Another child in the family had a similar deformity, and had been operated on without success; therefore the parents were rather averse to interference. However, they consented finally. Nothing can be clearer than the description of the operation as given in Mr. Erichsen's work,[2] with which is a woodcut showing the incisions. "Supposing," he says, "the index and middle fingers to be webbed, the following would be the procedure to be adopted, which is, of course, equally applicable to any of the other fingers:—1. The surgeon

[1] The Practitioner, May, 1883.

[2] Vol. ii., p. 365.

makes an incision along the median line of the palmar aspect of the index-finger, extending the whole length of the web. 2. Two small transverse incisions are now made at

FIG. 1.

the upper and lower ends of this longitudinal incision extending from it to the ends of the web. 3. The rectangular flap thus defined is dissected back as thick as possible, so that its base corresponds to the middle line of the web. 4. A corresponding longitudinal incision is now made along the dorsal surface of the middle finger, but comes rather further down on the hand. Two transverse incisions at its upper and lower ends are next made, and the flap thus defined is dissected back, and when the knife reaches the middle line of the web the two fingers will be found to be separated. 5. The next and last step of the operation is to wrap each flap round the raw surface of the finger, to which it continues to be attached, and to fix it *in situ* by three or four points of suture." Thus in my case the raw surface of the middle finger was covered by the skin taken from the dorsum of the ring-finger, and that of the ring-finger from the palmar surface of the middle finger. The operation, which was tedious, was done under a fine carbolic spray. The vessels and nerves were carefully avoided, and the flaps manipulated as little as possible. When neatly completed, I know of no prettier effect in surgery. The result was perfect up to the time the child left the hospital. The newly adapted skin completely prevented union, and the fingers were perfectly separated. When he went away some slight softness at the base of the finger remained. He used the hand too soon at home, and did not give it the time to rest that I enjoined. This imprudence rather encouraged some union at the base of the fingers; but I subsequently rectified this, and the hand, as restored, I represent in its exact condition in the accompanying drawing (Fig. 3). While on the subject of deformity of the hand, I may here bear personal testimony to the perfect efficiency of the operative measures recommended by Mr. William Adams for Dupuytren's contraction of the fingers. In the year 1878 I operated on the right hand of an old friend of mine, since deceased, a surgeon-major in the Army Medical Service. All the fingers were contracted, two of them touching and one almost touching the palm. I operated on two different occasions, making in all some twelve punctures. I adopted all the precautions so admirably laid down by Mr. Adams in his work on "Finger Contraction and Depressed Cicatrices." I subsequently had the satisfaction of shaking my friend's hand, and he often showed it to

FIG. 2.

others, quite proud of the result. I merely refer to this case as I think it due to Mr. Adams to make this acknowledgment

FIG. 3.

of a success that I owed entirely to the suggestions received through his writings on the subject.

Harley-street, W.

ON AN

EASY METHOD OF POSTERIOR RHINOSCOPY.

BY W. J. WALSHAM, F.R.C.S.,

ASSISTANT-SURGEON AND DEMONSTRATOR OF PRACTICAL AND ORTHOPÆDIC SURGERY TO ST. BARTHOLOMEW'S HOSPITAL.

THE importance of making a rhinoscopic examination of the naso-pharynx and posterior nares in diseases of the nose of a doubtful nature cannot I suppose be questioned, and that considerable difficulty under ordinary circumstances attends such an examination few who have practised posterior rhinoscopy will, I venture to think, deny. Much may, of course, be learned by passing the finger behind the soft palate; but I question if an ocular inspection in addition

to a digital examination is not in some cases essential for arriving at a correct diagnosis, or, at any rate, an accurate knowledge of the extent and character of the disease. Although, no doubt, practice, as in all things, will enable us to a great extent to overcome the difficulty of obtaining a view of the parts, even then, except in favourable cases, much patience and perseverance on the part of the surgeon, and education in the manner of breathing and controlling the palate on the part of the patient, are necessary. So well recognised is this difficulty that many ingenious instruments for hooking forward the palate, &c., have from time to time been invented. None, however, have proved of much help in my hands, at any rate for obtaining more than a momentary view, and, consequently, for demonstrating to my class any morbid conditions that might be present. "The principal difficulties in rhinoscopy," says Dr. Morel Mackenzie,[1] "consist in the unusual length and breadth of the uvula, or a too short distance between the anterior pillars of the fauces and the posterior walls of the pharynx. The former obstacle may be overcome by following the directions above given, but the latter is insuperable. In a certain number of cases," he goes on to say, "it is quite impossible to practise rhinoscopy, and it is generally easy, by examining the fauces and observing whether this space exists, to tell beforehand whether an inspection of the nasal fossæ is possible." By the following method I have in all cases succeeded in overcoming this difficulty, and in making a complete, and if necessary a prolonged, examination of the parts, with no or little annoyance to the patient. On looking up the subject I find that I can claim little originality for the method, as a somewhat similar procedure has been adopted by some American surgeons. As my method differs, however, in what I consider an essential point—viz., that in its use no instruments are required—and, as far as I am aware, is not generally known or used; and, moreover, as I have myself found it of much service, especially for purposes of demonstration, it appears worth while calling attention to it. A piece of soft red rubber tubing, about one-eighth of an inch in diameter, is introduced into one nostril, and pushed very gently along the floor of the nose till it presents just below the soft palate. It is then gently seized with a forceps, drawn out through the mouth, and loosely tied across the upper lip to the end protruding from the nose, the elastic tube being stretched just sufficiently to loop upwards and forwards the soft palate, and draw it well away from the posterior wall of the pharynx. The looping of the palate on one side is often sufficient; but a better view is obtained by passing a tube through the other nostril and looping up the soft palate of that side in the same way. The posterior nares and nasopharynx can now be examined with the ordinary laryngoscopic mirror with the greatest facility. One hand only is required to hold and direct the mirror (the stem answering the purpose of a tongue depressor), the other hand is consequently free to perform any manipulation or operation that may be required. The tubes serve as a good guide, as they can be followed in the mirror winding round the upper surface of the palate, and so into the respective choanæ. The introduction of the tube causes hardly any discomfort or annoyance to the patient. Care, however, should be taken in passing the tube to let it only just present below the soft palate, as otherwise, if it is pushed further, it may impinge upon the lower pharynx, and is then apt to produce a tickling sensation and desire to vomit. When the examination is finished, it is better to withdraw the tube through the mouth rather than through the nose, and when the nasal end is just about to drop into the pharynx to give it a sharp whisk forwards. If it is withdrawn through the nose, the mouth end trails along the tongue, causing a tickling of its posterior part.

In place of the red rubber tubes, the American surgeons referred to use flat tapes or narrow bandages for tying up the palate. These have necessitated the use of various instruments for passing them, such as the Eustachian catheter, Bellocq's sound, &c. The advantages I claim for the red-rubber tubing is that it is soft, non-irritating, and possesses just sufficient resistance to enable it to be passed through the nose by itself, thus dispensing altogether with the use of an instrument, the passage of which, as for instance in plugging the nares, is, as is well known, a source of much discomfort and annoyance to the patient.

Weymouth-street, W.

[1] The Use of the Laryngoscope, third edition.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tam aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

WEST LONDON HOSPITAL.

PARAPLEGIA IN A CHILD CURED BY PURGATIVES; REMARKS.

(Under the care of Dr. THOROWGOOD.)

FOR the following notes we are indebted to Dr. Schacht, house physician:—

Jessie P——, aged ten years, was sent into the hospital as a case of infantile paralysis on Feb. 2nd, 1883, when the following notes were taken:—The mother says that for over three months her child has not been able to walk; she has seemed to fail gradually, and now is quite unable to stand. When placed on her feet she falls unless caught by a bystander. The legs are not notably wasted, but the mother says she has lost flesh decidedly of late. The patellar reflex movement well displayed and critically tested. The general surface of the back is rather tender, but no special pain over the spinal column, and no pain or other symptom when the head is pressed down on the spine. No "tache cérébrale." Urine is healthy and free from albumen and sugar; pupils of eyes dilated notably. Pulse quiet; tongue not clean. In reply to inquiry the mother reported that her daughter was sorely troubled with worms—ascarides. In the belief, therefore, that irritation of the intestines might have something to do with the paraplegia, the following medicine as a non-irritating antacid aperient was prescribed on Feb. 2nd, containing half an ounce of compound decoction of aloes, to be taken twice a day. On the 6th the child was able to run and walk about the ward as well as could be desired. The medicine had acted efficiently on the bowels, and brought away many worms. She continued it a few days longer, and on Feb. 10th, as she seemed perfectly well, she was given a tonic with iron and allowed to go home, with orders to return if any symptoms of illness showed themselves.

Remarks by Dr. THOROWGOOD.—Cases of paraplegia, and sometimes of contraction of the knee, of apparently obstinate kind have been met with, where the cure has been missed from a want of attention to the condition of the intestinal canal. The late Dr. Graves, of Dublin, gives a case where a youth who had fed freely on nuts had a distinct attack of paraplegia, only cured by the effectual purgation of his intestine from the crude mass formed by undigested nuts. The presence of intestinal worms in the case of Jessie P—— clearly indicated the line of treatment to be first put in force.

STANLEY HOSPITAL, LIVERPOOL.

ANCHYLOSIS OF HIP; REDUCTION FACILITATED BY FRACTURING THE FEMUR; REMARKS.

(Under the care of Mr. ROBERT JONES.)

THOMAS F——, aged twelve, was presented as an out-patient on September 25th, 1882. In October, 1875, he slipped and fell on his hip. He walked home without discomfort and rested for two hours upon a couch. On trying to get up he experienced great pain and was obliged to continue resting. By the evening the pain had disappeared and did not return for several months. Meanwhile, within a few weeks, the father perceived a lump. In six months this defect had increased, and the boy was taken to a surgeon, who applied a Thomas's posterior splint. This was worn for two years and a half, during the latter part of which the joint was aspirated five times, and an abscess finally laid open. All this time the case progressed very favourably. At length the patient's eyes troubling him and the parents dreading a "weakening" effect from the splint, took it off and took the boy to an eye hospital. Fearing the resentment of the practitioner whom they had ignored, they visited at long intervals three other hospitals. At the first the patient was advised to wait until he became twelve years

old; at the second a splint was applied which chafed and had to be removed; at the third the mother was told that neglect had gone on too long to expect much good in the future. In despair the parents placed a patten under the diseased limb which much increased the deformity.

The boy was admitted as an in-patient of the Stanley Hospital on October 5th, when it was found that the hip was very firmly anchylosed at an unusually acute angle (Fig. 1.) The diseased limb was so much adducted as to prevent the free movement of the opposite leg. The patient in consequence perambulated in a series of semicircles. The sinus had healed and lordosis was marked. It was very difficult to come to a positive conclusion as to whether the condition was that of synostosis or not, and the diagnosis was not assisted by anæsthesia. The general opinion inclined towards bony anchylosis. Movement at the knee was limited, but not to the extent figured in the diagram (Fig. 1.)

The patient was placed in bed, and a Thomas's posterior splint was so adapted as to form a basis for traction on the deformity. In two days the knee was straight, but during the first fortnight no change occurred at the hip.

On Oct. 19th chloroform was administered, and forcible movements were adopted, which produced just a little motion. Patient was replaced in the splint. In four weeks the flexion at hip was completely remedied, but the adduction was the same as before. On the 25th chloroform was again given, and an effort made at rotating the twisted femur. Immediately on attempting it, however, the bone

FIG. 1.

FIG. 2.

broke just below the trochanter major. The deformity was then reduced, extension applied to leg, the fracture set at the most useful angle, and the lad kept in bed for eight weeks longer. At Christmas the lordosis was materially better, and, shortly after, the thigh being strong, he was sent out in the hip-splint, with instructions to buy crutches, and to fix a patten upon his sound leg in order to relieve the defective one from any pressure (Fig. 2[1]). Patient attended regularly as an out-patient, much of the apparent shortening of the limb disappearing.

Feb. 19th.—Lumbar incurvation still lessening. Adduction quite remedied. Actual shortening of limb from pathological changes an inch and a quarter. The patten was now taken off the sound limb, and the crutches substituted by a stick, but splint retained. Since February the youth has gradually improved, and moves about with ease. He does not complain of pain; the sinus has not reopened, and the lordosis is less.

Remarks by Mr. JONES.—The previous history of this case would suggest osseous union, otherwise means should have been adopted calculated to at least lessen the deformity. Indeed, before I had made a careful examination I had thought the condition a suitable one for subcutaneous osteotomy. The case is interesting in evidence of how much can be done by very simple means in cases of extreme malpositions. The treatment gave rise neither to pain nor constitutional disturbance. This, however, was unusual; for during the period when the parts are stretched into new position pain is rarely wholly absent. So soon as it was discovered that the least yielding occurred, the complete reduction of deformity was to be expected. Whether this could have happened without fracture of the femur is an open question. I believe it could. The weight of the limb afforded excellent antero-posterior extension, but when flexion was remedied the leverage requisite for the cure of adduction was not equally at command. The femur in a hip case of long standing is very easily broken, as, in common with other structures, the bone atrophies. This was so here, where, the patient being lean, the affected femur was felt to be scarcely more than half the thickness of its opposite, which, it must be remembered, was for mechanical reasons prevented from doing its work. The fracture doubtless was a valuable ally in perfecting and shortening treatment, and I see no reason to dread it in the future. The precaution is to guard against its occurring low down, and if splints be adjusted to support that portion of the bone we wish to remain inviolate, we may be sure it will yield where there is least resistance. Division of muscles or fasciæ in this case would have complicated matters without doing good. The precise pathological nature of the limitation to the action of the joint I do not know. Should the deformity yield to gradual extension, synostosis may be excluded. The great point is so to conduct the treatment of joint disease that we shall not meet with deformity, and that anchylosis, when it occurs, shall place the patient at the least possible disadvantage.

I am indebted to the courtesy of my senior colleague, Mr. Sheldon, for the privilege of treating this case.

[1] Owing to an error in transfer the wrong limb is depicted.

SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.

MIXED-CELLED SARCOMA OF THE LOWER END OF THE FEMUR; AMPUTATION THROUGH THE MIDDLE OF THE THIGH; RECURRENCE IN THE LUNGS; DEATH; NECROPSY; REMARKS.

(Under the care of Mr. PYE-SMITH.)

FOR the following notes we are indebted to Dr. Sinclair White, house-surgeon.

Alfred H——, aged nineteen, a delicate-looking youth, with a family history of phthisis, was admitted, on Jan. 8th, 1883, suffering from a tumour in the lower part of the right thigh. He stated that he had had "growing pains" about the right knee for three or four months, and that these were followed six weeks ago by enlargement, which had increased rapidly; he had, however, kept at work as a moulder until admission. Afterwards, he remembered that two years previously he had had a blow from a cricket-ball, which caused a severe bruise of the knee.

Examination revealed an oval swelling situate over the internal condyle and a portion of the shaft of the femur immediately above. Manipulation showed the growth to be connected with the subjacent bone. The skin over it was normal. The swelling felt firm, smooth, and slightly elastic. The inguinal glands were not enlarged. An exploratory incision having been made into the growth and its malignant character ascertained, amputation through the middle of the thigh was performed on Jan. 10th. The wound was treated antiseptically, and healed without suppuration. The boy was discharged apparently well on Feb. 21st.

Microscopical examination of the growth showed it to be a mixed-celled sarcoma, with a few bony spicules. It originated from the periosteum, and involved the internal condyle and an inch or so of the inner side of the shaft of the femur.

The boy continued well up till April 10th, when he began to suffer from cough and shortness of breath, which he attributed to catching cold. He was readmitted on April 21st, when both lungs were found to have irregular patches of dulness; crepitation and pleuritic friction sounds could be heard over the greater part of both lungs. The temperature rose to 103° F., and the boy suffered greatly from dyspnœa and inability to lie down. He got rapidly worse, and died on April 28th.

Necropsy.—The right lung was infiltrated with new growths, and a number grew from its pleural covering. The growths were of various sizes, from that of a pea to that of a hen's egg. They were also variable in colour and consistence. Some were as firm as liver, and of a whitish colour, not unlike hardened brain. Others, with the same colour

and consistence, cut with a "sandy" feel, as if they were infiltrated with fine sand. Other growths, again, were of a darker colour and softer consistence, while some were even diffluent and fluctuating. The growths were but slightly attached to the lung or pleura, and could be readily isolated. The right pleural cavity contained a large amount of reddish-coloured serous fluid. The left lung had similar growths, only not so numerous. Growths were also found behind the sternum and in front of the dorsal vertebræ in the mediastinal spaces. The heart presented suspicious-looking patches in the inter-ventricular groove. The kidneys appeared normal, except for a little puriform deposit in the neighbourhood of the pelves. The liver, spleen, and intestines were healthy. The brain was not examined. Sections from the growths showed them to be composed of round and ovate cells, closely packed together, the new growths infiltrating the lung tissue and distending the alveoli, the outlines of which were still visible. The stump of the femur was free from a recurrence of the growth.

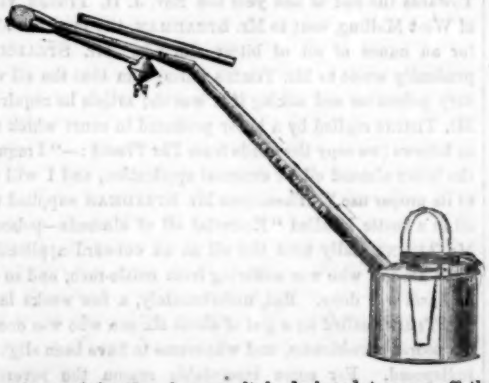
Remarks by Mr. PYE-SMITH.—This case proved to be, unfortunately, typical and complete. Malignant sarcoma being diagnosed amputation in the thigh, well above the growth, was chosen rather than amputation at the hip, because on the one hand the risk of the operation would be less, and the stump (in case of success) would be more useful; whilst, on the other hand, the danger of recurrence seemed to concern remote parts quite as much as the neighbourhood (infection in sarcomata of bone being by the blood rather than by the lymph stream or by continuity of tissue), and, as it seemed just possible before operation that the case might turn out to be one of myeloid, it would have been a pity to remove, in that case unnecessarily, the whole of the femur. The important question is, Did the removal of the original tumour either retard or accelerate the development of secondary growths? or had it no effect in either direction? The operation had a decided effect in removing anxiety and bringing hopefulness to the patient, and the fatal internal ailment was probably less distressing to him, both physically and mentally, than if it had been complicated by the presence of a visible tumour.

New Inventions.

BRONCHITIS AND TRACHEOTOMY KETTLE. BED-REST WITH SHIFTING ARMS.

MESSRS. MAYER & MELTZER of 71, Great Portland-street, whose Bed-rest and Bed-pan Cage we had recently occasion to notice, have sent us two more inventions, designed for the comfort and welfare of invalids, of which they are the makers.

The Bronchitis and Tracheotomy Kettle shown in the accompanying cut is very simple, and obviates the use of



waterproof sheeting, because it is designed to carry off the condensed steam. The kettle may be boiled either on the fire or, in summer, by means of a circle of gas-jets fixed to the grate. The inventor urges that the gas jets may be placed in any part of a ward; but we would point out that to place gas-jets in a position where the products of combustion cannot be immediately removed from the ward would be in any case unjustifiable, and especially so in cases such as croup and diphtheria, where purity of atmosphere is especially necessary for the well-being of the patient. The exact design of the kettle and spout will be apparent from the woodcut.

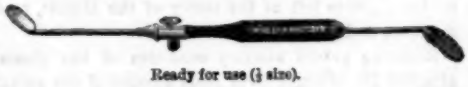
The Bed-rest with Shifting Arms will, we are sure, prove a great comfort to patients with dyspnœa, who find it impossible to maintain a recumbent posture, or to such as are approaching convalescence, but whose strength is insufficient to allow of their sitting up in bed without some side support.

The arms of this bed-rest slide vertically and horizontally, so that they can be adjusted with nicety to the exact figure of the patient. They have, in addition, a hinge movement, and thus provision is made for accommodating the invalid in every possible way.

TWO LARYNGEAL MIRRORS.

THE woodcuts exhibit two laryngeal mirrors (one for adults, the other for children) combined in one instrument. The value of this instrument consists in its occupying far less space in the pocket than two separate mirrors, and in there being much less risk of injuring the metal portion of

Ready for the pocket (½ size).



Ready for use (½ size).

the mirror or breaking the glass. I have used one for the last two years, and find it a most serviceable instrument, and can thoroughly recommend it to those who have to carry laryngeal mirrors constantly with them.

PUGIN THORNTON.

Duchess-street, Portland-place, W., July 5th, 1883.

NEW INFIRMARY AT BOLTON. — This building, erected at a cost of about £35,000, to take the place of one built in 1824, was formally opened on the 21st inst. It is on the pavilion principle, and consists of four distinct blocks—viz., the central or administrative section, the right and left wings, and the children's hospital, the latter being so arranged that it can if desired be completely isolated from the main building. The accommodation consists of seventy-five beds, and the furniture for the various wards was provided by the working men of the borough. According to the last published statement, the total sum received towards the cost of the new building was £32,083, the total expenditure up to the date of the statement £31,215, and the amount owing for work done £3262. The old infirmary building is valued at £5000, but a large sum of money is still required in order to provide an adequate endowment.

THE LANCET.

LONDON: SATURDAY, JULY 28, 1883.

WE have received the full text of two letters which Dr. J. MACKIE, Surgeon to H.M. Consulate at Alexandria, addressed to Earl GRANVILLE at the beginning of this month with reference to the early history of the outbreak of cholera. The first intimation of the existence of the disease was on June 23rd, when eleven deaths at Damietta were reported to Dr. SALEM Pasha, the chief of the Egyptian Sanitary Administration. On the 24th a Medical Commission left Cairo for Damietta, and on the following day it was met by Dr. CHAFFEY Bey (Egyptian), who had had considerable experience as to cholera at Geddah and Mecca; and also by Dr. ARDOUIN Bey, both acting on behalf of the Maritime, Quarantine, and Sanitary Board at Alexandria. The Commission, however, returned to Cairo the same day; they appear to have performed their duties in a most perfunctory manner, doing little more than examine a few cases, and then establishing a *cordon sanitaire*, and breaking off all railway communication between Damietta and the rest of Egypt at Ras-el-Khalig, some thirteen miles from that town. No effort appears to have been made to learn anything as to the importation of the disease, the Commission merely reporting that their inquiries had not enabled them to determine this point. Later on, however, Dr. CHAFFEY Bey returned to Damietta to prosecute further inquiries, and his report will be looked for with interest.

All that has been rumoured as to the negligence of the Egyptian authorities in leaving the population to die without proper medical and other aid, is fully confirmed by the statements in Dr. MACKIE'S letter. There was no organised medical or hospital service; everyone seems to have been paralysed, and the unfortunate people "shut in by a cordon.....were left at the mercy of the disease, to die in numbers, and propagate the cholera."

Referring to the sanitary condition of the places first attacked Dr. MACKIE gives some account of the prevalence of bovine typhus in the Delta of the Nile, and he explains the extent to which the dead cattle, after having been skinned, were thrown into the Nile or into the nearest canals. The Damietta branch of the Nile, in its lowest part from Samanoud and Mansourah, seems to have been specially fouled by this means, the decomposing carcases being deposited in the shallows and amongst the reeds on the shores. The inhabitants were not only thus exposed to a polluted atmosphere, but since they draw their water from the Nile itself, they were doubly exposed to the deleterious influence of the putrefying animals. But it was not filth from without that has alone to be considered in connexion with the epidemic; the sanitary state of Damietta and of all Egyptian towns seems to be deplorable. Indeed no improvements would appear to have been made in this respect since the last epidemic in 1865, and even in the best houses leaky soil-pipes and open latrines for servants may be found in the very centre of houses, none of the closets or drains are either ventilated or trapped, stinking cesspools abound, and such sewers as exist are in part blocked with deposit. When the first intimation of the cholera at Damietta was made known a large fair was in progress, and before the sanitary cordon was established some ten thousand people were dispersed to their homes. The disease does not, however, appear to have followed in their tract.

What the precise origin of the epidemic was still remains unexplained. If the disease arise *de novo*, or if the poison can be developed from an existing organism under special local circumstances, those conditions obtaining in the Nile Delta, resembling as they do many with which the disease in its endemic form is associated in the vicinity of the Ganges, seem to have been favourable to such an origin, and superadded to these there were prevalent exceptional conditions of filth affecting both water and air. A great effort has been made by the Egyptians to prove that the infection was imported from Bombay. Some attribute it to four Bombay merchants who are alleged to have been at Damietta, others to a fireman from an Indian steamer at Port Said. The first story appears to be mythical in the extreme; the latter has been fully disproved since Dr. MACKIE'S letter was written; and in connexion with such a theory it is well to remember that when our Indian contingent arrived in Egypt last summer, cholera was really prevalent at Bombay, and yet no case happened either amongst the inhabitants or amongst the populations with whom they mingled. At the present time there is no exceptional cholera mortality in or about Bombay, and it seems quite certain that as yet there is no evidence whatever as to the importation of the infection from that place. One thing is evident from Dr. MACKIE'S letters, and that is that the Egyptian Sanitary and Medical Service has utterly failed to meet the emergency, even by a show of action; on the contrary, it has convinced all Europeans of its utter incapacity.

THE case of REGINA *v.* TIMINS, which was tried at the recent Maidstone Assizes, presents many points of interest to the medical profession and the public. The facts, as summed up by Mr. Justice DAY, may be stated as follows: Towards the end of last year the Rev. J. H. TIMINS, vicar of West Malling, sent to Mr. STEADMAN, the local chemist, for an ounce of oil of bitter almonds. Mr. STEADMAN prudently wrote to Mr. TIMINS telling him that the oil was very poisonous and asking if it was the article he required. Mr. TIMINS replied by a letter produced in court which ran as follows (we copy the words from *The Times*):—"I require the bitter almond oil for external application, and I will see to its proper use." Thereupon Mr. STEADMAN supplied the oil in a bottle labelled "Essential oil of almonds—poison." Mr. TIMINS really used the oil as an outward application upon his son who was suffering from nettle-rash, and so far no harm was done. But, unfortunately, a few weeks later Mr. TIMINS called on a girl of about sixteen who was one of his poorer parishioners, and who seems to have been slightly indisposed. For some inscrutable reason the reverend gentleman poured into a wineglass a teaspoonful of the essential oil and persuaded the girl, against her wish, to drink it, saying that it would taste like wedding cake. The girl cried out once or twice and Mr. TIMINS gave her

some water, but she died in an hour and three-quarters with all the symptoms of prussic acid poisoning. It was stated that a medical man passed through the house while the girl lay dying, but that nothing was said to him of the occurrence.

Of course, an inquest was held, and a post-mortem examination, conducted by Mr. T. HENDERSON POUNDS of Snodland and Mr. HERBERT POPE of West Malling, showed that there was nothing to indicate death from natural causes, but that the conditions pointed directly to death from prussic acid. The stomach, vomited matters, and other parts and fluids of the body were sent for analysis to Professor HEATON of Charing-cross Hospital. Although a week elapsed before the analysis was commenced, prussic acid was found in the vomit and in the contents of the stomach, while the oil was detected in the blood, and its influence observed in the urine. In repetition experiments prussic acid was found in the contents of the stomach as long as fourteen days after death—an unprecedented circumstance, we believe. Mr. TIMINS promised to send the residue of the oil for analysis; but as he declared on a subsequent occasion that he had not preserved it, or even the label on its bottle, an analysis was afterwards made of the oil from which Mr. TIMINS was supplied by Mr. STEADMAN. It proved to contain 3·4 per cent. of prussic acid, so that a teaspoonful would contain almost exactly two grains of true acid, which, we need hardly remark, is a deadly dose.

The jury, to whom the above facts were very clearly stated by Mr. Justice DAY, found the prisoner not guilty, after only a few minutes' consultation. We confess ourselves utterly astonished at the verdict. It is true that Mr. TIMINS not only had no intention of harming the girl, but had a very obvious intention of doing her good. But his own counsel, Mr. EDWARD CLARKE and Mr. DOUGLAS KINGSFORD, who defended the vicar with remarkable skill, admitted that as a matter of fact he killed her, and if the administration of prussic acid after such pointed warnings as Mr. STEADMAN'S letter and the red poison label on the bottle was not an act of gross negligence, it is difficult to conceive what would be.

The moral of the history is that unqualified persons should never dabble with dangerous remedies or try to usurp the places of properly educated men. It is true that many—very many—years ago Mr. TIMINS acquired some smattering of medical science at St. Thomas's Hospital. But he never, as far as we know, passed a single examination, and his own evidence before the coroner showed how loose and inaccurate his medical knowledge was. We have made careful inquiries, and find that the poor of the West Malling neighbourhood are generously and freely attended by the resident practitioners, and that Mr. TIMINS, whose irregular practice has long been a source of anxiety in his parish, has been led to it not by any necessity on the part of his flock, but by a restless vanity, which has at last led to the death of an innocent girl. Let us hope that in future he will confine himself to the spiritual needs of his congregation.

One or two of the scientific facts elicited in this trial are worthy of notice. The crude essential oil, during rectification by sulphate of iron and lime, loses on an average 9 per cent. of its weight, but the loss varies a good deal. Only a portion of this loss is hydrocyanic acid, and the percentage of hydrocyanic acid in the crude oil is sometimes much less than is commonly supposed. Professor HEATON found in one sample of crude oil recently prepared by a well-known firm (Messrs. WRIGHT, LAYMAN, and UMNEY) only 2·5 per cent. of hydrocyanic acid. The crude oil, when carefully kept, does not seem to change rapidly. The sample from which Mr. TIMINS was supplied had been kept for at least eighteen months, and yet it exhibited little signs of alteration, and was hardly acid to test-paper. Of course it is impossible to say how much hydrocyanic acid it contained when new. The unusual length of time that passed before death, and the long preservation of the hydrocyanic acid in the contents of the stomach, have already been mentioned. Possibly both may be due to the same cause—namely, the retention and, so to speak, the preservation of the acid, by the essential oil. The two are, indeed, believed to exist in the crude oil in loose chemical combination. Nevertheless, it appears probable that the acid would not have been found at all but for the skill and care with which the post-mortem was made and the samples preserved for analysis.

THE meeting of the British Medical Association to be held in Liverpool next week is looked forward to with somewhat special interest. Liverpool is so central in position that a large number of members can reach it conveniently, while its size, wealth, importance, and the facts that it is known to have a flourishing medical school, and to be a centre of considerable scientific activity, will tend to make the fifty-first anniversary of the Association a success. The chief interest of the meeting, however, lies in the fact that an important alteration in the constitution of the Association is to be proposed, and will in all likelihood be adopted. This alteration is no less than a rescinding of the existing bye-laws and the adoption of others. In the main these proposed bye-laws are like the present ones, but there is a vital difference in the constitution of the Council. It is to be proposed that the Council shall consist of the President, President-elect, President of Council, Vice-Presidents of the Association, the Treasurer, and of members representing the Branches. Every Branch shall be entitled to elect one representative member, and every Branch consisting of more than 200 members shall be entitled to elect an additional representative member for every complete 200 members of which it shall consist. These representatives are to be elected annually. The Journal and Finance Committee also comes in for its share of reform; for it is to be proposed by the Committee of Council that the Council shall elect a Sub-committee of fifteen of its members, who, together with the President, President-elect, Treasurer, and President of the Council, shall constitute the Journal and Finance Committee. The three elected members who have been longest in office shall retire annually, and shall be ineligible for re-election. This is a reform which was strongly advocated last year at Worcester; for the stagnant character of this Committee, which has really been the powerful element in the governing body of the Association, was a serious grievance in the eyes of some of the younger and more radical members. The proposal of the Council appears to meet this feeling in a judicious manner, for it provides for

a constant infusion of new blood into this Committee, while not imperilling its stability and continuity of action, so all-important in such a body. Among other proposals to be submitted to the meeting is one that the return first-class railway fares of every member to meetings of the executive body be paid by the Association; and Dr. EYTON-JONES intends to move an amendment to this, declaring it to be "impolitic and unwise" to incur "a very large annual expenditure" for this purpose. The Association is, however, in such a flourishing condition financially, that it would be justified in thus defraying the travelling expenses of the members of Council if it thereby obtains their more regular attendance. These matters — and there are many other resolutions to be proposed — will suffice to more than occupy the time and attention which the arrangements of the meeting will allow to be given to the discussion of business. No doubt the proposals of the Council will be adopted, and the radical alteration in the governing body of the Association thus brought about will alone suffice to make this Liverpool anniversary famous.

Turning now to the scientific part of the programme, we find that Dr. A. T. H. WATERS is the President-elect. Only two addresses in addition to the President's are to be given—one on Surgery, by Mr. REGINALD HARRISON; the other on Pathology, by Dr. C. CREIGHTON. There are to be no fewer than ten sections: Medicine, Surgery, Obstetric Medicine, Public Medicine, Anatomy and Physiology, Pathology, Psychology, Ophthalmology, Diseases of Children, and Otology. The programme of each of these sections is long, and, if only partially carried out, will afford abundance of work for the most energetic. In the Medicine Section there will be three special discussions on Aphasia, Purpura, and on the Causes and Consequences of Abnormal Tension in the Arteries. In the Surgery Section, which will be presided over by Mr. BICKERSTETH, there are to be discussions on Surgical Diseases of the Kidney and their Surgical Treatment, and on the Treatment of Intestinal Obstruction. In the section of Obstetric Medicine discussions will be held on Extirpation of the Uterus for Malignant Disease, on Puerperal Fever, on Porro's Operation, and on the Operative Treatment of Uterine Fibromata. In the section of Pathology there are five special subjects for discussion, including that of Micro-organisms in Disease and the Pathology of Dropsy. In connexion with this section there will be a museum of pathological specimens. In Section IX., Diseases of Children, Dr. BARLOW is to open a discussion on Rheumatism and its Allies in Children, and other discussions are to be upon the Etiology and Pathology of Summer Diarrhœa, introduced by Dr. BALLARD, and upon Acute Epiphysial Necrosis and its Consequences, introduced by Mr. MORRANT BAKER. In the section for Psychology such subjects as the Employment of the Insane, Bone Degeneration in the Insane, Cerebral Localisation in Relation to Psychological Medicine and General Paralysis are down for special discussion. The aurists are to discuss the more serious aspects of Chronic Purulent Inflammation of the Middle Ear, and the comparative value of the different forms of artificial tympanic membranes, while the Oculists will be engaged discussing the Colour Sense, the use they can make of the Magnet, and the best methods of treating Sloughing Ulcer of the Cornea. In addition to these discussions, many papers on other subjects are promised in each one of the sections, and there will be every opportunity for hard work to those who may be so inclined. The meeting is to be wound up with excursions to various places of interest on Saturday next. These will include a trip to Conway and Llandudno, another to Eaton Hall and Chester, a third to Southport and Blackpool, a fourth to Lancaster, and Mr. BICKERSTETH is to take yet a fifth party for an excursion up the Mersey. Altogether the meeting promises to be one of rather unusual interest, and a large attendance of members may be expected.

THE study of the evolution of function, more especially that of contractility, is the study of a varying polarisation. Primordial protoplasm is completely depolarised but potentially capable of any variety of specialisation. Cardiac physiology bids fair to become perhaps the most debated territory of all physiology. If any proof of this were wanting, it would be furnished by a careful reading of a philosophical paper forwarded to us by W. H. GASKELL, F.R.S. The views held by physiologists upon many points connected with the innervation of the heart have been too exclusively based upon observations made upon a single type of heart—viz., that of the frog. It is therefore advisable to control and supplement these experiments by corresponding elaborate series of observations upon the hearts of a large number of other animal types, and in this way to trace the evolution of function in the same fashion as the morphologist tracks that of structure. The paper to which we refer is divided into four parts, each of which deals with a definite portion of cardiac physiology. Lucidity is thus secured at the cost of some brevity and simplicity. GASKELL believes that the cardiac functions are the result of a specialisation of muscular tissue. No structural nervous system is necessarily required in this view of the matter. The keynote of the peculiarities of the cardiac muscle consists in its structural position, intermediate between unstriped and striated muscle fibre. Muscular tissues exhibit three different modes of responding to stimulation according to their structure. These modes may be expressed by saying that certain muscles possess essentially the power of "tonic contraction," others the power of "rhythmical contraction," and others that of "rapid contraction." In the striated muscle of vertebrates rapidity of contraction is most highly developed, tonicity is rudimentary, rhythmic action is still more rudimentary. In cardiac muscle rhythmic action is most conspicuous, rapidity of contraction is well marked, and tonicity is excellent. In unstriped muscle tonicity is most prominent, rhythmic action is well marked, rapidity of contraction is most rudimentary. All examples of a varying polarisation. Rhythmic contraction may thus take place in the absence of structurally demonstrable neural apparatus. Unstriped muscle, as found in the ureter and in the veins of the bat's wing, is capable, under the influence of the mechanical stimulus of distension, of contracting as rhythmically as the apex of the frog's heart. But we have also evidence that the more highly developed striated muscle fibres are capable of rhythmical contractions under the influence of a constant stimulation, whether electrical or chemical. SCHÖNLEIN has proved this,

especially in the case of the striated muscles of the invertebrata, which contract rhythmically upon stimulation by a weak interrupted current.

Speaking of the spontaneous rhythm of the different parts of the heart, and of the heart as a whole, GASKELL arrives at the following law: the power of independent rhythmical contraction decreases regularly as we pass from the sinus to the ventricle (frog, tortoise). Between the automatic rhythm of the sinus and that of a muscular strip removed from the apex of the ventricle no hard-and-fast line can, however, be drawn; the differences are of degree, not of kind.

As students of physiology know, the rhythmic action of the heart is usually attributed to the influence of the nervous ganglia, which have been found in its substance. The causes which regulate the sequence of the contractions of the different heart cavities are likewise believed to reside in these coördinating centres; but these positions are attacked by GASKELL. He shows that for the heart of the tortoise the proper sequence can go on even after section of the intercardiac nerves, which in this animal lie under the pericardium only, and in the junction-wall between the two spongy-looking auricles. He says the ventricle contracts in due sequence with the auricle because a wave of contraction passes along the auricular muscle and induces a ventricular contraction when it reaches the auriculo-ventricular groove. Muscular rings have been demonstrated to exist between the sinus and auricle, and between the auricle and ventricle. These are said to be amply sufficient to account for the passage of the contraction from the sinus to the auricle and so forth, without the necessity of invoking the presence of ganglion cells. At the same time an explanation is afforded of the natural pauses between the contractions of the different cavities because the muscular rings are intermediate in structure between the sinus and the auricular muscles, and the rate of their power of conduction is less as compared with the other muscles.

The action of the cardiac nerves on the rhythm, force, and conductivity of the heart muscle is next considered in detail. Just as the rhythm and the sequence of the heart's action are found to be independent of the neural system, so in this department GASKELL believes that the principal factor in the results obtained by nerve stimulation belongs to the muscle. In the tortoise the nerve fibres supplying the muscular fibres of the sinus, which by their alternate contractions originate the rhythmical beats of the heart, run almost exclusively in the right vagus nerve. Stimulation of the vagus may slow or stop the rhythm; after the standstill thus brought about a distinct acceleration is often observed. When the sinus of the heart of the tortoise is removed, the independent rhythm of the rest of the heart (which sets in after a more or less long preliminary standstill) may, according to GASKELL, be arrested by stimulation of the intercardiac nerve. This is a new fact in the physiology of the heart of the tortoise.

With regard to the force of the contractions, stimulation of the cardiac nerves is only able to diminish the power of the auricular contractions; the ventricular contractions are never directly influenced in the slightest degree. Further, although the contractions of the auricles are always markedly diminished in strength, yet they are increased in force *after* the end of the stimulation.

With respect to the conduction power of the muscular tissue, it is believed that the cardiac nerves are able both to depress and exalt this attribute of the auricle of the frog and the tortoise. Again, as regards the sequence of the contractions, the cardiac nerves are found to be able both to stop and to aid this phenomenon. When, for instance, an artificial partial block is produced (either by section or the clamp) the most striking effect of nerve stimulation is the removal of that obstruction by completely repairing the conduction power. But stimulation of the nerve when the natural pause only exists is provocative of prolongation of that pause, which may lead to complete standstill. Nevertheless the action of the vagus nerve is of the same kind throughout, and the different effects produced are not due to the action of different nerve fibres possessing different properties, but rather to the action of the same kind of nerve-fibre upon different attributes of the cardiac muscular tissues. Thus the nerves supplying the red and the white muscles of rabbits are not supposed to be different to other motor nerves, yet their stimulation produces very different results, owing to the differences which exist between the red and white muscles themselves. In precisely the same way the same kind of nerve-fibre will bring about different results in the heart according as the muscle fibres upon which it acts are specially engaged in the initiation of rhythmical contractions, in the conduction of a contraction wave, or in the production of strong and rapid contraction.

Although the initial effect of the vagus is to depress some function of the heart muscle, yet its final and most enduring power is to exalt, intensify, and repair that function. Thus, although it slows rhythm, yet its stimulation makes the rhythmical power last longer than it otherwise would, and makes the heart beat with regularity when it was previously irregular; although it reduces the force of the contractions, yet its ultimate effect is to improve and sustain the contraction force; although it may reduce the conduction power, yet in the end it completely repairs that power. For these reasons GASKELL regards the vagus as the trophic nerve of the heart. He shows also how the weak interrupted current has the same effect on the force of the contractions of a strip of cardiac muscle as the vagus nerve has upon the whole auricle or ventricle; and, further, how atropin has the same effect upon the action of the interrupted current as upon vagus action. The resemblance between the action of the vagus nerve and the weak interrupted current upon the conduction power and the contraction force, is in all cases very striking. GASKELL thoroughly believes that the weak interrupted current and atropin act upon the muscle primarily in the above instances. Atropin improves the rhythmical power and the conduction power in the same way as the contraction force, such an improvement being of stable character, though not necessarily lasting. On the other hand, muscarin ought to depress every function without preventing the possibility of a limited amount of improvement of that function. Atropin influences not only the muscular tissue, but also the nervous structures of the heart in such a way that neither the direct action of the interrupted current nor stimulation of the vagus nerves is any longer able to produce their usual effects upon the various functions of the cardiac muscles. The views put forward by GASKELL will necessitate a revision of the

opinions at present held in respect of the action of a large number of cardiac poisons. The doctrines here taught are those of a thorough-going myologist.

LAST week Viscount BURY called the attention of the House of Lords to the report of Lord MORLEY'S Committee on the Working of the Medical Department in Egypt, and moved a resolution, the object of which was to abolish the present system of station hospitals and departmental organisation, and to re-establish in its entirety the regimental system. Lord BURY based his arguments against the existing system mainly on the evidence given by Lord WOLSELEY as to the state of the hospital at Ismailia—evidence which we have already shown was at variance with his reports sent from Egypt, and with the opinion of the chief of his staff, and of others who had the opportunity of seeing the condition of the hospital at the time. He quoted Lord WOLSELEY as having described the Ismailia Hospital as a base and not a field hospital, overlooking the fact that it was determined, with Lord WOLSELEY'S concurrence, that the base hospitals should be established at Cyprus and Alexandria, and that when subsequently Lord WOLSELEY adopted Ismailia as his base, no intimation of the change was given to the Principal Medical Officer. If, then, the non-equipment of the hospital at Ismailia as a base hospital is a fair subject for blame, it clearly should rest, not on the Medical Department, but on the General Commanding, or his staff, for not apprising the Principal Medical Officer of the change. Lord BURY is anxious to see a military commandant appointed to every hospital, and is of opinion that had this been the case all that was wrong would have been corrected. He, inadvertently we imagine, pointed out a great neglect on the part of commanding officers, which deserves the notice of the military authorities: "Another evil was that commanding officers rarely visited their men in hospital, and in fact lost sight of them from the time they became ill." It is difficult to understand how this can be laid to the charge of the Medical Department. Every facility is given to officers to visit their men in hospital except at the actual time when the medical officer is going his rounds at the hour laid down by regulation. If, therefore, commanding officers take so little interest in their men when sick as to neglect visiting them in hospital, it furnishes a practical refutation of Lord WOLSELEY'S opinion that the military officer has more sympathy with the soldier than the medical. The Duke of RICHMOND and GORDON—an old Household Cavalry officer—naturally supported the views of Lord BURY, and desired to see the old regimental system again adopted. Lord MORLEY in a clear and temperate speech, admitting that there were some defects in the administration and general management of the hospitals in Egypt, pointed out the remarkable nature of the campaign as an adequate explanation. He stated in some detail the satisfactory results which had been obtained, and called attention especially to the "total absence of pyæmia, gangrene, or other outbreak common to hospitals; and it was a remarkable fact that there was not a single case of loss of sight." Lord MORLEY admitted that there was ground for complaint as to the nursing and cooking by men of the Army Hospital Corps not being satisfactory. "As a rule they had not had sufficient training as nurses to make them efficient." Naturally enough, he did not state that this was a result of the inadequate establishment fixed by the War Office for the Army Hospital Corps, which does not afford the opportunity of putting the men through a proper course of instruction in the wards; nor did he allude to the want of a school for cookery, where the men might be taught the essential principles of the preparation of hospital diets. Lord MORLEY was very decided as to the impolicy of a military commandant in the hospitals. "The Committee unanimously came to the conclusion that it was undesirable that there should be a double control in any instance. They felt the great importance of unity of control, and that it should be vested in the medical and not in the military officer." The Duke of CAMBRIDGE, while he thought the old system a good one, admitted the impossibility of reverting to it. "Station hospitals, in his opinion, were very good; they were better than mere military [regimental?] hospitals; there was more system in them, and there was less extravagance in carrying them on." But he wished to see a medical officer attached absolutely to each regiment for two or three years. He did not think medical officers the proper persons to carry out the discipline in hospitals, and he drew a comparison between the civil hospitals in London with a civilian superintendent, and the military hospitals under a medical officer—a comparison wanting in very many essential points to make it of any value. It is satisfactory to find that throughout the discussion testimony was borne by all the principal speakers to the admirable manner in which the medical officers had worked, and that the Duke of CAMBRIDGE has modified his opinion as to the station hospital system. It does not appear to us that there would be much difficulty in carrying out his Royal Highness's views as to a medical officer being attached to a corps for a definite period of two years, provided power were reserved to the principal medical officer to remove him at any time he might think it necessary, the grounds of such removal being at once reported to the officer commanding the district in which the corps is stationed. On one point we are glad to find Lord MORLEY has formed so decided an opinion—that of the inexpediency of a divided jurisdiction within the walls of the military hospitals by the appointment of a commandant. There cannot be a doubt that it would introduce an element of discord which would be detrimental to the efficiency of the medical service and injurious to the best interests of the patients. The Horse Guards authorities should take steps to prevent commanding officers losing sight of their men when sent into station hospitals, and these establishments must of course be under the control of the general officer commanding the district; but this is a very different thing from creating a divided jurisdiction within the walls of the hospital, and establishing a system which could not fail to produce friction between the military and the medical authorities. It is noteworthy that of the five peers who spoke in favour of the resolution, four had been officers in the Household Brigade.

THE number of students in the medical school at the Melbourne University has increased from four in 1862 to 180 in 1882. The buildings originally provided for the purposes of medical instruction are now quite inadequate.

Annotations.

"Ne quid nimis."

THE LATEST MEDICAL HONOURS.

WE have not failed occasionally to complain that the flow of honours to the profession in this country was slow and very measured when compared with what obtains in some other countries. The Church, the Law, the combatant Services, are duly recognised by titles, emoluments, and even seats in the Upper Chamber, including a potential voice in the discussion of public affairs. But the art of healing—the art which preserves the life of a prince or a dominant statesman, or prescribes the limits of a plague—has had hitherto only the scantiest recognition. Some day, not very far distant, it will be recognised that an Upper Chamber without the representatives of such an art, or, as we may now justly call it, such a science, is anomalous and defective. Meantime we must be content with the theory of medical honours which still guides even our Liberal statesman, especially if we see a disposition to apply it liberally and to enlarge its scope and spirit. We announce to-day the gift of a baronetcy to Dr. Andrew Clark and Mr. Prescott Hewett. We feel persuaded that this act on the part of Her Majesty, in concert with the statesman who now leads our public affairs, will command the entire satisfaction of the profession. The baronetcy of Sir Andrew Clark will surprise no member of the profession, unless it be the new baronet himself; and even he, however absorbed he may have been in his arduous professional life, and however satisfied with the honours attaching to the faithful discharge of duties so incessant and responsible, must long have felt himself exposed to such a compliment as that now graciously pressed upon his acceptance. Dr. Clark's position as a consultant in England, and his contributions to pathology and therapeutics, to say nothing of his professional services to the most illustrious of English living statesmen, and his devotion to the teaching of clinical medicine in a great medical school, afford ample explanation of Her Majesty's wish to confer this distinction on him, which will be all the more graciously received by the profession that it is given by Her Majesty on broad and not on personal grounds. Equally satisfactory to the profession will be the same act of grace to Mr. Prescott Hewett, who indeed is honourably identified with great professional services to Her Royal Highness the Princess of Wales, is Serjeant-Surgeon to Her Majesty, and Surgeon in Ordinary to His Royal Highness the Prince of Wales, and commands the entire respect of the profession at home and abroad. We cannot doubt that the liberal spirit to which we have just alluded will not withhold from Ireland the honour due to the followers of Marsh and Crampton, of Graves, Corrigan, and Stokes.

DISINFECTION IN THE CHOLERA DISTRICTS OF EGYPT.

ATTENTION has been drawn to a simple means by which a partial disinfection of streets in infected quarters can be effected. Bonfires are lighted at the corners of the streets, and sulphur sprinkled plentifully upon them. The sulphurous fumes are carried down the streets, and are, no doubt, of real value in disinfecting them, for sulphurous acid—the oldest disinfectant—still retains its pre-eminence for this purpose. But such disinfection is by no means perfect, for the fumes are enormously diluted with air, and cannot be expected to enter the houses in sufficient quantity to remove all risk of infection. Sulphur fumigation of each infected house is necessary, and unfortunately this is not possible while it remains inhabited. At least one pound of sulphur to each 1000 cubic feet of space is required for the efficient disinfection of clothing; and even this quantity would not be sufficient for excreta, or clothing recently polluted with excreta. What is wanted is a liquid disinfectant powerful enough to render the deadly evacuations harmless, and at the same time capable of free application to clothing, walls, and floors, without serious inconvenience to the inhabitants or injury to clothing or bedding. In every house where cholera appears a tub should be placed, capable of holding a considerable quantity (say from ten to twenty gallons) of liquid disinfectant. All articles exposed to risk of pollution should be thrown into this tub and steeped in it for several hours; they may then be wrung out and sent to the wash in the usual way, provided always that the disinfectant is sufficiently active. Weak disinfectants are worse than useless for such a purpose, as they are sure to induce a false security. The liquid need not be wasted, for the whole of it may be subsequently used for washing the walls and floor. This we believe to be the most efficient and economical mode of disinfection during the progress of an epidemic. It can be used without risk in inhabited houses, it can be applied by unskilled hands, and need not, we feel sure, produce any perceptible nuisance. Of course the actual excreta will require to be treated at once, before removal from the premises, with a more concentrated disinfectant than is required for clothing, floors, or furniture, which can steep in the liquid for any necessary time. To avoid waste, the liquid disinfectant should be applied to the walls, ceiling, floor, and air of each room, by means of a syringe throwing fine spray.

THE TYPHUS EPIDEMIC IN LIVERPOOL.

THE recent misunderstanding which has existed in the minds of some who are in authority at Liverpool as to the duty of providing means of isolation for infectious diseases, will have done good if it has merely succeeded in indicating how serious are the sanitary evils to be dealt with in some of the poor and crowded districts of that city. The guardians of the Toxteth-park Union, impressed with the fact that so large a proportion of typhus cases has been received into their Poor-law hospital from one special quarter, appointed a committee to inquire into the circumstances, and the result deserves the serious attention of those who are responsible for the health of the city. Out of 461 typhus patients removed to this one workhouse hospital between September, 1882, and May, 1883, by far the greater number came from the special locality referred to, and which covers sixty acres, and the sanitary conditions observed in connexion with the prevalence of disease are precisely such as must necessarily tend to favour its spread. It is true that cleanliness outside houses has been cared for, and also that disinfection inside dwellings has been carried out where infection has presented itself. But, as the guardians point out, measures of a very different character are needed in order to remove the causes of disease, and it is evident that nothing short of the closing of a number of houses as unfit for human habitation, and the demolition of others, will effect the desired purpose. As far back as 1871 Dr. Burdon-Sanderson and the late Dr. Parkes urged the provision of wide and straight streets, in order to bring fresh air into the crowded and wretched localities they visited, and they further pointed out that no expense can be so heavy as that produced by "a constant yearly mortality so great as that which prevails in Liverpool." The guardians of Toxteth-park have made some effort to calculate what is the cost to that portion of Liverpool comprised within their Union of such a preventable disease as fever, and they compare the cost of in-door and out-door relief for a period of six months preceding with that for a corresponding period subsequent to the last great "fever" epidemic, and they arrive at the conclusion that, as the result of that epidemic, "a legacy of £5000 a year"

was left by typhus to be paid by the ratepayers. We have always contended that, apart from all other considerations, there is hardly any local extravagance so great as that which permits of the prevalence of preventable disease, and these figures come in aptly to support that view.

CONFERENCE ON CHOLERA.

AN important step has already been taken to prepare London for any necessity which may arise with regard to the introduction of cholera into its midst. On Thursday, July 19th, a conference was held at the Charing-cross Hotel between Dr. Buchanan, who appeared on behalf of the Government, and the medical officers of health. Dr. Buchanan had been requested to put himself in communication with these officers with a view to discussing with them the action which it would be necessary to take if London should be invaded, and he availed himself of the opportunity afforded for this purpose by a special meeting of their Association. Dr. Buchanan stated at some length the effect of an order, made under the 130th section of the Public Health Act of 1875, to prevent the landing of persons suffering from cholera, or infected articles, at English ports. A similar order had been issued in 1873 preventing communication between a newly arrived ship and the shore until the port authorities had ascertained that there was no cholera on board, or until the sick had been isolated and the ship and all infected articles disinfected. The new order differed from the old by making it incumbent on port authorities to provide hospital accommodation for such cases, and in requiring all healthy passengers to leave their name and that of the place of their destination in the possession of the port authorities. For the present this will be the only order issued; but if it were found that the disease spread throughout the country, a further order would have to be made under the Diseases Prevention Act. This Act gives the Local Government Board very considerable powers over the vestries and district boards; it enables that Board to require hospital accommodation to be provided for the isolation of cases of cholera, and arrangements to be made for a constant inspection of houses, and for the treatment of the sick and the distribution of disinfectants. The most difficult problem which will have to be solved is that of hospital provision. It may be assumed that the Metropolitan Asylums Board will be willing to undertake this duty if permitted; but it is obvious that their existing hospitals would be of but limited use, for, as Dr. Buchanan pointed out, persons suffering from cholera will not bear removal such long distances as those suffering from small-pox or fever. Hospitals of small size, and at no great distance from each other, might have to be provided over the whole metropolis, and the general feeling of the meeting was evidently in favour of this duty being undertaken by the district sanitary authorities. There would, nevertheless, be very great advantages in entrusting this service to one board dealing with the whole metropolis. Cholera is not likely to be equally prevalent at the same time over the whole area, and thus it would be easy to transfer from one part to another, not only hospital material and furniture, but doctors and nurses, as occasion might require. It is earnestly to be hoped that the efforts of the authorities will not be crippled by actions at law as soon as suitable premises are found for the purpose. Two resolutions were adopted by the meeting, each promising that we shall be better prepared than in past times. The first, proposed by Dr. Dudfield, the president of the Association, was to the effect that "in view of the possible introduction of cholera into England, it is desirable that increased attention should be devoted by sanitary authorities and their officers to the ordinary means for improving the sanitary conditions of the several districts, as suggested by the medical officer of the Local Government Board in his memorandum recently issued to the sanitary authorities." The other, by MR. Shirley Murphy, requested Dr. Buchanan to submit to the Local Government Board that the important sanitary defect of the metropolis, especially deserving of notice at the present time, would appear to be its water-supply, and that the experience of 1866 had shown the need for watchfulness over the reservoirs and mains of the water companies.

SPLENECTOMY.

RATHER more than a year ago Mr. Herbert Collier published a table of twenty-nine cases of removal of the spleen, showing eight recoveries, but an invariably fatal result when the splenic disease was associated with leucocythæmia. From this fact Mr. Collier drew the inference that the operation was not justifiable in cases of leucocythæmia. In some quarters exception was taken to this view, and it was pointed out that the operation had been employed when the disease was too far in advance, and that it was wrong to infer that the same mortality would attend it if performed at a quite early period and before the general blood changes were far advanced. A case has occurred in the practice of Franzolini of Turin, which appears to support this view. His patient was a young woman, twenty-two years of age, whose illness commenced with pain and distress in the left side of the abdomen two years before she came under his care; after eighteen months a large splenic tumour was noted, and some months later an increase of leucocytes in the blood, which at the time of the operation were five times in excess of the normal. The spleen was removed through an incision in the linea alba, its artery and vein were ligatured separately; it weighed after removal and when blood had run out of it, fifty-two ounces. The leucocythæmia gradually subsided, and had disappeared altogether in four months. This case is certainly encouraging. Dr. A. Blum has recently written an article upon the whole subject of excision of the spleen in the *Archives Générales de Médecine*. His conclusions, based upon a study of the recorded cases, are that while the operation of splenectomy is practicable and is compatible with complete recovery, it is so often fatal from hæmorrhage or shock that it is but rarely indicated. He considers that it is not justifiable in cases of splenic cysts, because they can be cured by other and milder measures; or in cases of hypertrophy, whatever its cause; or in cancer of the organ, on account of the very high mortality. But he points out that in cases of movable spleen with marked and severe symptoms, the operation is comparatively easy and successful; while in cases of hernia of the spleen following an injury, the removal of the herniated portion is so successful that the surgeon is fully warranted in undertaking it.

URBAN SUMMER DIARRHŒA

ALTHOUGH the recent moderate temperature and heavy rains have undoubtedly checked the increase of fatal infantile diarrhœa, the returns of the Registrar-General show that the deaths referred to this disease in the third week of this month exceeded the number returned in any previous week of this year. In twenty-eight of the largest English towns the deaths attributed to diarrhœa, which had steadily increased in the eight preceding weeks from 28 to 452, further rose in the week ending 21st instant to 491, and were equal to an annual rate of 3·0 per 1000. The rate, however, which was equal to 4·6 in London, did not average more than 1·6 in the twenty-seven large provincial towns, having an aggregate population considerably exceeding that of the Registrar-General's London aggregate. Thus diarrhœa fatality was nearly three times as great in London as in the largest provin-

cial towns. The variations in the death-rate from this disease in the different towns were as wide and as far from obvious explanation as ever. Not a single fatal case was recorded in Plymouth, in Wolverhampton, or in Halifax, and the rate from this cause was almost nominal in Brighton, Norwich, Oldham, Bradford, and Cardiff. On the other hand, the rates ranged upwards in the other towns to 2·3 in Sheffield, 2·4 in Nottingham and Hull, 4·6 in London, and 4·8 both in Leicester and Preston. It is also noteworthy that the rate did not exceed 1·2 in Liverpool, and was 1·8 in Manchester. The recent fall in the temperature has undoubtedly checked the threatened serious increase of infantile diarrhœa.

THE PARKES MUSEUM.

THE last meeting of the summer session was held on July 19th, when the chair was taken by Sir Joseph Fayrer. Captain Douglas Galton delivered a lecture on Artificial Lighting, and its relations to the purity of air in rooms. Specimens of various lights brilliantly illustrated the text of the speaker. The feeble smoky flame of the tallow candle strongly contrasted with the brilliant scintillation of the Swan incandescent electric light. Fed by the air of the room, the "globe" light secured the removal of the products of combustion by means of a vertical tube, and gave a luminosity about equal to five candles per cubic foot of gas burnt. Several specimens constructed on the "regenerative" principle were explained. The "Grimston" and the "Clark" forms of this gaslight were exhibited. In these varieties the heated vitiated gases were employed in warming the fresh air, thereby saving so much energy, with the result of improving the luminosity to such a degree that it had been estimated that the "Clark" light was equivalent to nine candles for every cubic foot of gas consumed. One of the most scientific applications of the same "regenerative" principle, but also combined with the means for effecting the ventilation and warming of our dwelling-rooms, is undoubtedly Schönheyder's sanitary stove. Currents of air are originated by the heat from the combustion of the gases. These currents, by an ingenious arrangement of tubes, are made to supply fresh warmed air to the dwelling-rooms, whilst the products of combustion and the vitiated atmosphere of the chamber are carried off in another channel. In the discussion which followed Dr. Poore, Mr. Defries, and the chairman took part. Sir Joseph Fayrer then announced that the Museum had been visited by nearly three thousand individuals since its inauguration on May 26th. Of these 600 had attended the lectures. Arrangements have been made for a series of lectures during the forthcoming winter session, full particulars of which will be announced in due course. In order that the Museum may flourish, the hearty support of all who are interested in sanitation is necessary, and it is hoped that the public at large will assist in the work by becoming life members or annual members of the institution.

CHOLERA AMONG THE TROOPS IN EGYPT.

IN commenting upon the telegram from Egypt, which announced the occurrence of some cases of cholera among the troops, the *Morning Post* says that the news was wholly unexpected and created some surprise at the Head Quarters of the Army Medical Department. We have reason to believe that, so far from this being the case, the surprise was that cases had not occurred sooner. The moment the disease made its appearance at Damietta the authorities at Whitehall-yard sent out full instructions as to the course to be followed when it appeared among the troops, an event which was considered almost inevitable. We trust that the measures which have been adopted may be successful in limiting the spread of the disease among the troops.

VOLUNTEER AMBULANCE CORPS.

THIS important movement, which we believe was initiated by Surgeon-Major Evatt and Mr. Cantlie, appears to have achieved considerable success in its preliminary steps. At several hospitals in London a large number of the students have already enrolled themselves in their respective school corps, and Charing-cross Hospital has taken a praiseworthy lead in this respect. The aim of the movement is to provide an ambulance department in connexion with the Volunteer Battalions, on the same basis as the Army Medical Department. Volunteer regiments have already surgeons, and the more energetic of these train companies of bearers, but those familiar with the military organisation and the necessities of modern warfare, are persuaded that, should the volunteer army at any time be called upon to take the field against a real enemy, it would find itself almost entirely without its proper complement of stretcher bearers, and the Army Medical Department is on such a scale that it can only supply the needs of the standing army. Just as the Army Medical Service is a separate department, and not divided up into mere appanages of individual regiments, so it is proposed to organise a distinct and separate body—the Volunteer Ambulance Department. At present it is necessary to look only to the medical schools to take part in this movement. If the students will enrol themselves into corps and serve first as privates, and then as non-commissioned officers, they will, on the completion of their term of studies, go forth as well trained officers, who will then be able to organise and train companies of bearers from among the laymen of the district in which they may settle. It is believed that in this way a thoroughly efficient Volunteer Ambulance Department would be established. It is estimated that the necessary drills will take but a very limited portion of students' time, and the instruction imparted will be of very general use to them. It is also with great justice insisted upon by Surgeon-Major Evatt and those with whom he is working in this matter, that while the discipline enforced in these corps will be of great service to all their members, it will be of immense value to those who afterwards pass into the Army Medical Department and have to take positions of responsibility and authority. They allege that the medical officers in the Army find their greatest difficulties to lie in their want of acquaintance with a system of strict discipline. It is quite certain that discipline is a matter of training, and few things are of more service to young men, however they may afterwards spend their life, than a wisely disciplined mind and character. A meeting of the staff and students of St. Bartholomew's Hospital was held last week to hear an address on this subject from Surgeon-Major Evatt, and at its close a large number of the students enrolled themselves in the St. Bartholomew's Hospital Volunteer Ambulance Corps. It is hoped that this corps will begin its training early in October.

THE WESTMINSTER WORKHOUSE INQUIRY.

WE learn from the *Daily News* that the long-delayed report of the official inquiry by the Local Government Board into the management of the Westminster Workhouse, Poland-street, was read by the clerk at a recent ordinary meeting of the Board. The letter appears to have been so distasteful to the guardians as to induce the latter to order the reporters out of the room. The abstract of the letter which appears in the *Daily News* was supplied by the promoters of the inquiry. The abstract declares "that several of the charges against the master had been established; that the Board could not but regret that the guardians appeared to view so lightly the irregularities of which that official had been guilty, and expressed grave doubts whether, consistently with their public duty, they ought not to call upon

him to resign. As the majority of the guardians, however, still had confidence in the master, the Board hesitated to adopt that extreme course; but in the event of any further charge being established against him, the Board would not hesitate in calling upon him to resign." The Board of Guardians then proceeded to appoint a committee to draw up a reply to the Board's report, and on the motion of the chairman, Mr. Bonthron, it was resolved that the medical officer, Dr. Joseph Rogers, should be called on to resign forthwith. Such resolution being adopted, a copy was ordered to be sent to Dr. Rogers. This, we learn, Dr. Rogers has simply acknowledged. The whole procedure is so extraordinary, and withal so discreditable to local self-government, that we fully rely on the President of the Local Government Board to support Dr. Rogers.

THE ACTION OF PIPERIDIN.

FLIESS, in an article contained in the current number of the *Archiv für Anatomie und Physiologie*, gives the results of some researches he has made on this substance. He finds that if a dose of piperidin be subcutaneously injected into a frog, after a short period of unrest the animal remains remarkably quiet, and no longer moves when the foot is pinched, and that this is not due to lesion of the muscles or to paralysis of the motor nerves is shown by the vigorous movements that are made if the sciatic nerve be stimulated by an induced current. Paralysis of the sensory nerves must therefore be the cause of the lack of response of the animal to sensory stimuli, and the question arises whether it is the nerve or the centre that is paralysed. The loss of reflex excitability takes place about ten or twelve minutes after the injection of one milligramme of piperidin, and is so complete that even its contact with the eye fails to elicit any response. Recovery of the sensibility occurs at the expiration of twenty-four hours. It has been rendered probable by Kronecker's and Stirling's experiments that a single shock is insufficient to excite a reflex action, and that at least two are required, which must be separated by a short interval only. In his experiments with piperidin, however, Fliess found that the time which elapsed between two shocks in order that a reflex movement should be induced was not altered, but only that the shocks must be much stronger. Hence he arrives at the conclusion that it is not the centre which is acted on by the piperidin, but the conducting agent—the nerve. The paralysis of the sensory nerves only occurred in those parts of the body to which the blood impregnated with piperidin was distributed; in any part of it protected from the action of such blood the sensory fibres retained their function. Further experiments demonstrated that the part of the sensory nerves on which piperidin acts is their peripheric termination. All the experiments proved that neither the muscles nor the motor nerves were in any way affected. Other results observed after the subcutaneous injection of one milligramme of piperidin were that the frequency of respiration fell to one-half the normal amount—that is, from 60 to 36 and 30 per minute. Large doses led to the Stokes' phenomenon, respiration being interrupted for two to four minutes, after which the frog made from three to four deep respirations. In regard to the cardiac beats, their number similarly fell to about two-thirds of the normal, from 54 to 34 per minute. Fliess further made some observations on the action of piperidin on warm-blooded animals, but did not find that its effects, in the rabbit at least, were nearly so well marked, even though fatal doses were administered, and this he attributes in part to the circumstance that piperidin oxidises with extraordinary rapidity in the body. The frequency of respiration was considerably reduced, the number falling from 200 to 48 per minute, whilst the cardiac beats rose from 220 to 340 per minute, so that it would appear that the vagal centre was paralysed. The pupil became widely dilated and the heart when death occurred was arrested in systole. Fliess appends the results of some other experiments he made on acetyl piperidin, benzyl piperidin, and methyl piperidin; also of some experiments on coniin

KNIGHTHOOD AS A RECOGNITION OF MEDICAL SERVICES.

OUR Dublin correspondent writes:—I understand that Dr. Banks, who is one of the leading Dublin physicians, and who holds the appointment of Physician in Ordinary to the Queen in Ireland, has been offered, and has declined, the honour of knighthood. All who know this eminent member of the profession were quite sure that this would be the case, should the Government be so ill-advised as not to tender a baronetcy to a gentleman in every way qualified to receive it. It is perhaps to be regretted that Sir George Porter did not act in a similar manner, as there is little doubt that the authorities, seeing the feeling of the profession in reference to the matter, would have conferred the high honour upon both gentlemen. As it has happened, the memorial which has been presented to his Excellency Earl Spencer has not received the response which was expected. His Excellency, through his assistant private secretary, in his reply to Dr. Moore, President of the College of Physicians, states that he is unable to consider that the bestowal of honours by the Crown can be made the subject of discussion between him and any public body, and therefore, while entertaining great respect for those who addressed him, he must decline to discuss with them the question which they have brought under his notice. The memorialists—and they included the leading and representative members of the medical profession—pointed out that until recently both branches, the medical and surgical, have received a higher form of recognition than that of knighthood, and that the Medical School of Dublin occupies as high a position as it ever did among the great centres of medical science in Europe. They fail therefore, they added, to see why Her Majesty's Government did not apparently consider their profession as worthy of State recognition in the present as it has been considered in the past; and they would also point out that the absence of that higher recognition placed them in a position of inferiority as regarded the profession in England, where, most deservedly, so many, both in medicine and surgery, have been awarded hereditary distinctions. That the knighthood conferred on Mr. Porter has been a terrible mistake there has been a universal agreement of opinion, stamping as it does with the brand of inferiority the medical profession in Ireland; but it is gratifying to find that Dr. Banks, by his spirited refusal, has not further contributed to so disagreeable a result.

FILTER AND BOIL.

IT would be well, especially just now, if "filter and boil" could be adopted as a housewife's maxim in regard to the water used for domestic purposes in all great cities, and especially London. Nothing short of first filtering and then boiling can render the water supplied by the London companies safe to drink. Public companies generally regard the public as their lawful prey, and water companies are particularly predatory. Water companies wish to have matters all their own way. They cut off the water, limit the supply, and give—what they choose to give—as bad as they please, with impunity. Some years ago the engineer of one of the London companies gravely asked Parliament for power to turn on the water from a foul river direct, without passing through the so-called "filters," or settling beds, when any special demand occurred! Just now, with

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cholera at our doors, as a contemporary observes, the Companies are engrossed with their own pecuniary interests. Under these circumstances their proceedings require to be closely watched, and care should be taken that the filthy liquid they dole out to us is filtered and boiled before we use it. We shall do wisely to look, also, carefully to the quantity supplied, and in the event of anything even approaching to a restriction, long before scarcity is reached, to resort to the Englishman's most cherished privilege, and—*complain*.

PETTENKOFER ON CHOLERA.

WHATEVER of ultimate truth the slow advances of the science of epidemiology may at last come to perceive in the *rôle* played by the nature of the soil and the ground water in the propagation of cholera, still, at the present time, we can all recognise the importance of the scientific researches which have been carried out by Professor von Pettenkofer. He has shown that there is a concomitant variation in Munich between the curve indicating the rate of mortality from cholera (and typhoid fever) and that representative of the amount of ground water in the subsoil. In those years when the death-rate from cholera (or typhoid fever) was very high, the quantity of ground water was marked as very low. The rise and fall of the ground water may be taken as a measure of the dampness of the soil above it, and it is for this purpose, and no other, that Pettenkofer has observed its variations. In England we have been thoroughly convinced of the importance of the drinking water as the vehicle for the spread of the disease, and, indeed, the opinions of von Pettenkofer, though at first sight they appear to be antagonistic to the theory, in reality support it. For while he considers that the propagation of cholera is due to the fermentation of the rice-water stools, he also maintains that this ferment can only act under certain local conditions—i.e., when there exists a damp porous subsoil to receive the choleraic stools. Although Pettenkofer believes that the air is the sole channel by which the cholera poison is diffused, there is no doubt that the bearing of the geological condition amounts only to this—that where populations are living on a damp open subsoil, with no artificial water supply and no efficient system of drainage, there the drinking water, as well as the local atmosphere, are almost certain to be largely polluted by these fæcal impurities amid which the diarrhœal contagia are peculiarly apt to multiply. Perhaps the latest contribution to the literature of cholera in this country is an excellent translation by Dr. Hime of Pettenkofer's small book on "Cholera; how to prevent and resist it" (London, 1883, Baillière, Tindall, and Cox). It must not be supposed that the little work aims at anything more than an exposition of the professor's views. Leaving those aside, there is much substantial information nicely written, to which we can confidently recommend the attention of all our readers.

A PERFECTLY DEVELOPED CHILD WITHOUT A PLACENTA.

DR. VALENTINE BROWNE, M.D., of Yonkers, New York, in a letter to the New York *Medical Record*, relates the particulars of a very anomalous primiparous case, in which labour was complicated with œdema of the lower extremities and violent convulsions, without albuminuria. The age of the patient, a well formed woman, was thirty-eight. In spite of chloroform and hypodermic doses of morphia and atropine, which at first caused a marked diminution of spasms, the convulsions continued. Repeated efforts to dilate the os with Barnes's bags failed, the uterus being anteverted and the os very rigid. Œdema of the lungs set in, and the patient died. Permission to perform the Cæsarean section was asked before death, but refused. About one hour after the friends requested that the child should be so removed. Dr. Browne accordingly removed the child. We had better give his own account of the remarkable feature of the case in his own words. "I accordingly commenced the operation by abdominal section. On reaching the uterus, careful section of that organ was made, when a fœtus was observed partly immersed in an inky-black liquid. An effort was now made to remove the child, but, as something seemed to hold the fœtus firmly, I inserted my hand into the cavity of the uterus, when I found the cord very rigid and unyielding. Having severed this obstacle, a perfectly formed male child, weighing about twelve pounds, was removed. Search was now made for the placenta, but without success. There was no placenta. The umbilical cord was found attached to the fundus of the uterus, and the length of the cord did not exceed four inches." Permission to remove the uterus was refused. This is to be much regretted in regard to a case entirely beyond the bounds of previous experience, as far as we know. We are compelled to believe that a more careful examination of the uterus would have revealed some kind of placenta.

SIR EDWIN SAUNDERS.

ON WEDNESDAY, July 18th, 1883, Her Majesty the Queen was graciously pleased to confer the honour of knighthood upon Mr. Edwin Saunders, who has acted as dental surgeon to the Queen for very many years. Sir Edwin Saunders is well known for his zeal in the cause of dental education, for his generous gifts to the Dental Hospital, and for his dignified and liberal exercise of the offices of President of the Dental Section of the Medical Congress and of the Metropolitan Branch of the British Medical Association. This being the first instance of Royal recognition of the services of a dentist, we may hope it will have a good influence on all who practise this specialty, for however degraded some of its practitioners may be, caring not for its honour or theirs, yet there are some who can rise into the society of the most distinguished on equal terms.

ACTION AGAINST A SURGEON.

AT the Ipswich County Court an action was recently brought by Mr. Meadows, surgeon, of Otley, against the Hon. Delap Tollemache, to recover the sum of twenty guineas for surgical attendance from September 1st to October 31st; this was met by a counter-claim that the charges were exorbitant and that the treatment had been negligent and unskilful. It appears that Mr. Tollemache fractured his olecranon and that Mr. Meadows treated him for ten days by keeping his arm well bandaged with a splint 10½ in. long on the front of the limb, and the arm resting on a pillow. At the end of that time the patient sought the advice of Dr. Bartlet, of Ipswich, who removed the splint, applied another, and then wrote to Mr. Meadows asking him if he wished to continue the charge of the case. It is not necessary to go into all the points of the case. Suffice it to say that so experienced a surgeon as Mr. Luther Holden supported Mr. Meadows, and asserted at the trial that his treatment had been skilful, while Dr. Bartlet's evidence was so strong the other way that the judge stated that "had it not been contradicted by other medical men he should have held it to be evidence of negligence and unskilfulness." Such conflicts of medical evidence are always to be regretted, but we cannot help feeling that a great mistake was committed in the first instance by the patient and then by Dr. Bartlet. A gentleman in Mr. Tollemache's position must have known that the proper course for him to have adopted was to have asked Dr. Bartlet and Mr. Meadows to meet in consultation on the case; and when Dr. Bartlet found that Mr. Tollemache had

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come to consult him without any introduction from Mr. Meadows, he should have asked for a consultation, or failing that, have written his opinion to Mr. Meadows, and suggested any alterations in the treatment he had to propose. To alter the treatment and *then* write as he did to Mr. Meadows was to treat that gentleman with rather scant courtesy. Dr. Bartlet must also be aware that there are no cases in all the practice of surgery which more imperatively demand a rigid observance of medical etiquette than fractures. Judgment was given for Mr. Meadows in the counter-claim, but the judge saw fit to cut down his bill, allowing only two guineas for the first visit at night, and 7*s.* 6*d.* for each subsequent visit, although Mr. Meadows had a distance of two miles and a half to travel.

DAILY CLINICAL CHARTS.

ANY plan which facilitates the exact record of clinical facts is welcome. We have had forwarded to us a set of charts for the sick room, which are published by Messrs. Salt and Son, and also others published by Mr. W. H. Stickland, Pharmaceutical Chemist, of South Kensington. The only fault which we can find is perhaps an error in the right direction; a tendency to too great elaboration and minuteness. There is a day and a night report. Nine columns are ruled out lengthwise. The nature and amount of nutriment, stimulant, and medicine may be separately registered at the time stated in the first marginal column. Space is also provided for recording the duration of sleep, the action of the bowels, the quantity of urine, the pulse and temperature. Some kind of shorthand might be used, and would give a less confused appearance to the sheet when filled up. In the hands of trustworthy and intelligent nurses these charts should be of great assistance to the physician, as showing him that his instructions are strictly enforced, besides affording means for a daily record of the progress of his patient.

FISH AS FOOD.

SIR HENRY THOMPSON recently delivered a lecture on "Fish as Food." It was an able summary of the known facts about fish, but Sir Henry went too far in his denunciation of the notion that fish eating increases brain power as a "complete fallacy." It has long been perfectly well known to physiologists that the phosphorus theory must be discarded, but it is a fact beyond dispute that fish is a form of food which is easily digested, and proves specially nutritive to the bodies of brain workers. Sir Henry Thompson thinks that the only way it acts is by putting a man's body into proper relation with the work he has to do. This may be quite true, and doubtless is so, but the brain is an integral part of the body. Moreover, it comprehends a considerable number of the most important centres of the nervous system, whence the body as a whole derives its power. Therefore in putting a man's body in proper relation with his work, fish may chiefly act by supplying his nervous system with specially available nutriment.

THE DEATH OF CAPTAIN WEBB.

THE death of Captain Webb, the veteran swimmer, is deeply to be regretted, not only for its own sake, but because a useful life has been thrown away in the pursuit of an idea. Webb had done much to show that with proper precautions against loss of heat in the water a healthy man might sustain life in a somewhat rough sea during a considerable period. It cannot be questioned that the moral effect of Captain Webb's swim across the English Channel was good. It attracted attention to swimming, and doubtless gave courage to many who have since profited by his example in the saving of life. Unfortunately, it is not possible to say as much for the attempt to swim across the turbulent waters at the foot of Niagara. This was a sensational performance which must be regarded as a mere speculation. Blame attaches to those by whom the deceased was induced or encouraged to undertake the performance of an exploit in which, as might have been anticipated, he lost his life. Beyond question Webb had an intelligent purpose in his enterprise. He had carefully considered the probabilities and laid down plans as to his line of conduct in many phases of the emergency, but either his plans failed in principle or he was unable to carry them out. We regret the event, and hope it may prove a deterrent to other adventurers.

INTERNATIONAL MEDICAL CONGRESS.

THE general organising committee entrusted with making the preparatory arrangements for the eighth International Medical Congress which will, according to the notice already published some months ago, be held in Copenhagen from the 10th to the 16th of August, 1884, has been formed, and consists of twenty members selected from the medical men living either in or near Copenhagen. This committee, following the example of the committees of previous Congresses, will communicate with men distinguished in the various branches of the profession in different countries, and when a programme is formed it will be forwarded to all those supposed to take an interest in the work of the Congress and who are likely to take part in it. The general secretary is Professor C. Lange, and with him those who feel interest in the meeting are earnestly desired to communicate, specifying if possible the section which they intend chiefly to join.

ADMINISTRATION OF HOSPITALS.

THE first meeting of the Representative Committee of Hospital Managers, appointed at the recent Conference organised by the Social Science Association, will be held at their offices, 1, Adam-street, Adelphi, on Monday next, the 30th inst., at 4.30 P.M. The following is the constitution of the Committee (with power to add to their number):—The Earl of Cork and Orrery (St. George's Hospital), Viscount Powerscourt, K.P. (Ireland), Sir Thomas Fowell Buxton (London Hospital, Chairman of the Conference), Dr. Acland (Oxford University), Dr. Bristowe (St. Thomas's Hospital), Henry C. Burdett, Esq. (Seamen's Hospital and Home Hospitals' Association), the Rev. Canon Erskine Clarke (Bolingbroke House Pay Hospital), Dr. Farquharson, M.P. (Scotland), Messrs. S. Leigh Gregson (Southern Hospital, Liverpool), J. J. Gurney (Newcastle Infirmary), Timothy Holmes (Provident Dispensaries), G. B. Lloyd, J.P. (General Hospital, Birmingham), Francis S. Powell (Chairman of the Conference), Joseph White (General Hospital, Nottingham).

A CARGO OF CHOLERA.

IT is stated that on the 6th inst. a vessel left Alexandria laden with fifty-six bales of rags, chiefly collected in the villages around Cairo and in that city itself! This precious consignment was expected in Liverpool on or about the 20th inst., and, assuming that some of the rags may be infected with choleraic particles—unfortunately a reasonable assumption—it would not be unnatural to anticipate an outbreak of cholera either in Liverpool or wherever the bales are opened about a week later. We have no faith in quarantine; but if the Government does its duty in the matter it will simply send a steam tug to await the arrival of this vessel, if she has not yet arrived, and before she is allowed to come up the Mersey require that her cargo shall be thrown overboard, and the ship disinfected. We are at a loss to characterise the audacity of the procedure in this case. It is flagrant trifling with the health of the country to send rags—which of all known articles are the most likely to prove the means of cholera carrying—from a place where this formidable

malady is raging to a place where, happily, it has not yet appeared. It is impossible to speak too promptly, clearly, or strongly on the subject. We are not in any way responsible for the accuracy of the statement made, but if it be true a great wrong is being done, which in fact amounts to a public offence.

THE BISHOP OF PETERBOROUGH.

THE condition of the Bishop of Peterborough still occasions some anxiety to his medical attendants, though it is gratifying to be able to report considerable remission in the graver symptoms of collapse from pain, which at one time were very urgent. It is hoped that, as the whole attack came on abruptly, without any failure of health, it may pass away without leaving any traces. Meantime some local inflammatory symptoms remain in the region of the right hypochondrium, and command the attention of Dr. Walker and Dr. Dukes, who have had the benefit of consultation with Sir Andrew Clark.

DR. BLADES AND HIS SUCCESSOR.

THE following letter has been received by Dr. Blades:—

"July 19th.

"My dear Dr. Blades,—It has become my painful duty to nominate your successor, and I have forwarded Dr. Farr's name to the Home Office. He will take charge to-morrow, July 20th. I cannot take leave of you in this capacity without expressing my regret for all that has happened.

"Yours very truly,

"Dr. Blades." "T. HOLMES.

In common with Mr. Holmes, we regret all that has happened in this case, and, we must add, something that has not happened—viz., a vigorous protest on Mr. Holmes's part against an act of harshness on the part of a Minister—an act entirely condemned by the medical profession and undesired by the police force. It would be a proper act of protest, for which Mr. Farr would not greatly suffer in public or professional estimation, to decline taking an office so unwarrantably made vacant.

DISUSED BURIAL GROUNDS.

IT is to be hoped that the Vestry of Bethnal-green will succeed in preventing the erection of dwellings on the disused burial-ground in Peel Grove. The present intention is to place buildings capable of holding some 400 families on ground containing upwards of 20,000 human bodies, numbers of which have not yet entirely decomposed. Even if decomposition had been in all cases completed, such a soil would be a highly improper one for the proposed purposes, at least until after the lapse of a long period of time. It is bad enough to know that our London dwellings have been erected on "tips" of house refuse and road sweepings, but the present proposal is even worse from a sanitary point of view.

MILITIA SURGEONS.

WE are asked to state that the meeting of militia surgeons, to which we referred last week, will be held at Liverpool on Wednesday, August 1st, at the College, Shaw-street, at 5 P.M. It is hoped there will be a good attendance. The President of the Militia Surgeons' Society will take the chair.

THE RIBERI PRIZE.

La Gazzetta degli Ospitali (July 18th) announces that the Royal Academy of Medicine of Turin has unanimously awarded the Riberi Prize, value 20,000 francs (£800), to Dr. Giulio Bizzozero, Professor of Pathology in the Turin University, for his work on the "Physio-pathology of the Blood."

THE announcement of Mrs. Murchison's death recalls the loss sustained by the profession only four years ago by the decease of her husband, Dr. Charles Murchison, whose sudden death prematurely closed a distinguished career. Mrs. Murchison succumbed to an attack of typhoid fever, which was complicated in the second week by acute rheumatism, accompanied with pericarditis and endocarditis. We desire to express our sympathy with the family at this second sad bereavement, a sympathy which will be shared by the whole profession. Mrs. Murchison was the sister of Mr. Bickersteth of Liverpool, and was thus doubly connected with the profession by her relationship with two of its distinguished members.

THE Essex and Herts Benevolent Medical Society was founded in 1786 by the late Dr. R. R. Newell, of Colchester, for the relief of widows and orphans of medical men in the two counties. Its ninety-seventh court of audit was held on the 17th inst. at Chelmsford, when £370 were distributed to needy applicants. Since its establishment £29,868 have been expended in relieving distress. Cases come before us repeatedly which make us wish that there were more of such Societies as the above, whilst those already in existence deserve increased support.

DR. WALKER, the senior medical officer of Parkhurst Convict Prison, accidentally scraped off a portion of the skin of his left third finger whilst making a post-mortem upon a deceased prisoner on the 3rd inst. He was confined to his bed for three weeks with a severe attack of septicæmia, and was then removed to Shanklin. His progress towards recovery is very slow, as secondary abscesses about the limb are constantly occurring. The prison is consequently in the sole charge of Mr. Arthur Price.

MESSRS. KNIGHT AND CO., Local Government publishers, have issued placards for posting, printed in bold clear type, containing full directions for precautions against cholera, taken from the official memorandum of July 13th, and also the memorandum of the Local Government Board printed in the form of a pamphlet for distribution. The price of these placards and pamphlets is moderate, and their judicious use will tend to considerably minimise the danger with which we are now threatened.

DR. W. T. BELFIELD has discovered that by dissolving fats in ether and allowing them to crystallise out, crystals characteristic of lard and tallow can be obtained. The crystals from an ethereal solution of lard are rhomboidal plates with bevelled ends, while those of tallow similarly prepared are plume-shaped and curved like an italic *f*. By this means he has been enabled in an American court of law to swear that a given sample of lard was unmixed with tallow.

SIR WILLIAM SIEMENS (President) and the members of the council of the Society for the Encouragement of Arts, Manufactures, and Commerce gave a conversazione at the building of the Fisheries Exhibition, South Kensington, on Wednesday evening last. The Prince and Princess of Wales attended. The courts, gardens, and lakes were illuminated by the different systems of electric lighting. The party was a great success.

WE understand that the meeting of the Poor-law Medical Officers' Association will be held at the College, Shaw-street, Liverpool, on Thursday, August 2nd, at one o'clock. Dr. Joseph Rogers will preside and read an address, and Dr. Norman Kerr will bring forward the subject of Stimulants in Workhouses.

WITH the view of preventing the importation of cholera into the United States, telegraphic instructions have been received at the American Consulate General, London, to appoint a Medical Inspector to examine all vessels clearing for the United States from London and Liverpool. Dr. J. Higham Hill has accordingly been appointed Health Inspector at London.

AN epidemic of diphtheria, which has assumed serious dimensions, and already caused several deaths, has broken out at Calne. Upon the recommendation of the medical officer, the public schools have been closed from the 23rd inst., and Sunday school managers have also been requested to close their schools at once in order to check the spread of the disease.

THE conduct of the vaccination by calf lymph at the Model Farm, Melbourne, appears to have been entrusted to a non-medical man. Representations have been made to the Government on the matter, but hitherto without result.

SIR CHARLES DILKE, President of the Local Government Board, has, it is understood, arranged to make, in November next, a personal inspection of all the metropolitan hospitals, poor-law infirmaries, and workhouses.

AT the examination in Medicine of the College of Physicians of Ireland, held this month, forty-one candidates presented themselves, a number very much above the average.

THE Lord Chancellor has appointed Robert Nairne, M.D., to be an Honorary Commissioner in Lunacy.

HOSPITAL ADMINISTRATION.

No. IX.

THE WORKING CLASSES AND THE HOSPITALS.

EVERYWHERE throughout the country the working classes, from whom many of the hospital patients are drawn, are taking a more active interest in the support and management of the hospitals. It is naturally regarded by the intelligent working man as a privilege and a duty to give his share towards the expenses of the hospital in his neighbourhood. Laudable as this feeling is, it was declared at the Conference that "the British workman, as a rule, will not contribute much to a hospital until he is thoroughly convinced that he will receive his *quid pro quo*." If he is satisfied on this point, however, his contributions will be liberal, as shown by the experience of the managers of the North Staffordshire Infirmary, Hartshill, where the work-people contributed £3085 in 1881, or £367 more than the sum expended by the hospital upon the maintenance and treatment of all the patients sent to the institution from the contributing workshops, including the wives and families of the *employés* in question. It is instructive to add that the patients recommended by the ordinary subscribers to this hospital in the same year cost £2698, or £523 more than the money they subscribed to the institution. The system adopted in the provincial hospitals, taking the Leeds Infirmary as an example, is to send a representative of the hospital to speak to the people in the mills and workshops, the employers readily consenting to stop the machinery a little earlier for dinner for this purpose. When the workmen are assembled the speaker shows them in a few words what the infirmary is doing for them, and is prepared to do, and points out that it is but just that they should do something in return for the hospital. The next step is to secure the sympathy and co-operation of the managers and foremen of departments, for unless their sympathies are enlisted the speaker's eloquence would be fruitless. By these means it has become the common practice at the workshops for the *employés* to give from 1*d.* to ½*d.* per week to the hospital-box, or to work a quarter of a day overtime once a quarter. These contributions ought to be encouraged, but we cannot approve the practice in some establishments where the people are engaged upon the understanding that ½*d.* or 1*d.* a week will be deducted from their wages weekly for the infirmary. The Leeds Infirmary received upwards of £2000 from the working classes last year, or one-seventh of its whole available income. In some towns Hospital Saturday has superseded the organisation of the hospital authorities, but we cannot say we regard this fact as satisfactory. The Hospital Saturday Fund is not always confined to the working classes, and in consequence many of the artisan class will have nothing to do with it. To be successful, a collection amongst working men must be confined to the working classes; it must, in fact, be their own movement, and to them must belong entirely the credit or discredit of success or failure. In London, owing to the non-appreciation of this fact, Hospital Saturday has proved little better than a *fiasco*. Originally costing 30 per cent. of the sum collected, it still costs nearly 14 per cent., or 200 per cent. more than the sum expended in Birmingham, where £5439 was raised at a cost of only £276, or 5 per cent., whereas the London Hospital Saturday Committee expended £1234, or more than four times as much, in raising £8861. It would be far better for the metropolitan hospitals and the working classes if each institution would put itself in communication with the employers of labour in the district where the hospital is situated, with the view to secure the adoption of the Leeds plan. In this way a considerable saving in the cost of collection might be secured, and the amounts contributed to the hospitals by the working classes would soon be more worthy of comparison with the amount of benefit received. Of course the cost of managing the Metropolitan Hospital Saturday Fund—viz., 14 per cent.—is out of all proportion to the cost of similar movements in other parts of the country. Thus management costs about 5 per cent. in Birmingham, 3 per cent. in Bury, and 2½ per cent. in Wolverhampton and other large towns, whereas it is less than 1 per cent. in those towns where the sum collected is under £1000; the working classes at Walsall, for example, contributing £290 on Hospital Saturday without the expenditure of a single penny. It will be further apparent how unnecessarily heavy the expenditure is in connexion with the Metropolitan Hospital Saturday Fund when it is stated, as shown in a previous article, No. VIII., p. 73, that the whole expenses of management at *all* the metropolitan hospitals are, on an average, less than 10 per cent., and at the best-managed they amount to less than 8½ per cent. The authorities of the London Hospital have proved by experience that under the most adverse circumstances, and on a bad system, it is possible for a metropolitan hospital to raise £2000 a year from work-people without expending more than between 10 and 11 per cent. If these facts were brought under the notice of the working classes there is no doubt they would prefer to subscribe to the London hospitals direct, and not through the Hospital Saturday Fund, and there is an increasing desire amongst the hospital managers in the metropolis that Hospital Saturday should either be managed by the Metropolitan Hospital Sunday Fund Council, or that it should cease to stand between the hospitals and the people. A movement which is declared to represent the working classes of the whole of this vast metropolis, and which, after nine years' existence, is only able to induce those classes to entrust to the Council less than £7000 a year for distribution amongst upwards of a hundred institutions, stands condemned as a failure. This view is not so much ours as that of the hospital authorities, and, we believe, of the

large majority of the working men of London, and for these reasons it seems very desirable that the fund should be abolished, or that it should be managed by the Hospital Sunday Fund Council, which divides all the money entrusted to it for distribution, except about 5 per cent., the maximum sum these funds ought to expend on the collections.

A ROYAL COMMISSION OF INQUIRY.

The most remarkable fact brought out by the late Hospital Conference was the unanimous desire which the representatives of all classes of hospitals throughout the country expressed for the immediate appointment of a Royal Commission of Inquiry. This is an emphatic endorsement of the views expressed in THE LANCET for several years past, and the disregard of the demand for such a Commission which Sir William Harcourt has evinced more than once is a signal proof of his want of sympathy with, or ignorance of, the best interests of the people. How lamentable this ignorance is was shown by the utterances of Mr. Shaw Lefevre when speaking of the action of the Charitable Trusts Bill which he recently introduced. He declared he was anxious to exclude the hospitals from the scope of this Bill, and he expressed his belief that he had secured this by excepting from the main clause of the Bill "all charities of which more than one-half their income is derived from voluntary contributions." It was shown in a previous article that on an average the forty-seven leading metropolitan hospitals do not derive more than half their income from voluntary contributions, and that less than 43 per cent. of the income of the sixteen general hospitals is derived from this source. He was also unaware that Guy's, St. Bartholomew's, and St. Thomas's Hospitals are supported only by foundations, and he declared his opinion that "certainly as a rule they required no new scheme for altering the distribution of their funds." The abuses attaching to the small special hospitals and the evils resulting therefrom, the enormous waste of money which such institutions are the means of perpetuating, the opportunities they afford for the promotion of personal ends at the expense of the public weal, and the impoverishment which such establishments bring upon the larger and better managed hospitals, are all notorious facts; but the present Home Secretary and his colleagues fail to appreciate, even if they realise, the dangers of such crying evils. The best managed hospitals need a Commission to enable them to protect themselves against the aggressive and ill-managed special hospitals by affording an opportunity for impartial investigation. There is no question of greater social importance, none which should more deeply interest politicians, because its wise solution is sure to bring untold benefits upon the people. We hope some Member of the House of Commons will put a question to the Home Secretary with the view of ascertaining why he will neither receive a deputation on the subject nor issue a Royal Commission. The medical profession, the public, the patients, the governors and subscribers, the representatives of the governing committees of the various hospitals, have all demanded the appointment of this Commission, but their individual, combined, and repeated appeals have been steadily ignored. Why are the best hospitals to be allowed to be injured in this way? And why are the opinions of all who have a right to speak on the subject of no avail? We think the Home Secretary ought to be pressed for an answer to these questions, and we urge some independent Member of the House of Commons to secure it. Delay in the appointment of a Royal Commission of Inquiry means disaster to our hospitals, if it will not lead, as we said last week, to the sweeping away of free hospitals and the blasting of our national character for benevolence. Such a risk as this ought not—nay, must not, be encountered; and we therefore once more demand a Royal Commission of Inquiry into the existing hospital system.

THE PROGRESS OF CHOLERA.

EGYPT must now be regarded as given over to cholera. The disease found in Damietta and Mansourah the very conditions which are known to be so favourable to its spread, and passing thence along the lines of railway it affected towns situated both on the main and on the branch lines, diverging occasionally to places which are only reached by roadway, and so it gradually found its way to Cairo, whence it still pursues its course towards the south. For many weeks it reached no nearer to Alexandria than the railway junction at Tantah, but now people fleeing from Cairo have imported the disease into the northern seaport, and, from descriptions we have received as to the sanitary state of that place, it is to be feared that the infection will there also find conditions favourable to its rapid propagation. The mortality returns are too inaccurate to enable us to speak with much certainty as to the exact extent of the epidemic, but there can be no doubt that from June 23rd to July 25th there had been between 4000 and 5000 cholera deaths, and that of these some 1700 to 1800 had occurred in Cairo and its vicinity during the last fortnight of that period. In Damietta and Mansourah, where the disease first appeared, there have been some 1300 and 1000 fatal cases respectively, and the disease is now abating; but in other places, besides Cairo, it is rapidly on the increase. At Shibin-el-Kum the virulence of the disease has been specially marked, the fatal attacks rising from four to 150 a day within one single week. Worst of all, fatal attacks have now unquestionably occurred amongst our own troops at Cairo, Suez, and Kasr-el-Nil; and with a view of preventing any further spread of the disease amongst them the regiments have, as far as possible, been broken up and scattered in camps in the desert and elsewhere outside the infected towns. So far, then, the Egyptian Government, with its native sanitary administration and its quarantine measures, have entirely failed to cope with the disease. The cholera has spread notwithstanding cordons maintained with a degree of severity and cruelty all but unexampled; and the re-establishment of the same system in and around Alexandria will, we fear, be equally futile. However expedient it may have been to leave the Egyptian Government to manage their own affairs up to the present stage, there can be no question that the English Government will be looked to, both at home and on the Continent, to take such action as may best tend to stay the spread of the infection into Europe; and it is equally clear that in this matter it will not do to work in concert with an administration which is demoralised and has completely broken down; but that this country should, so far as the prevention of cholera is concerned, take the entire administrative control into its own hands. A committee of experienced medical and other officers has been formed; and it is to be hoped that they will refuse to allow themselves to be in any way thwarted by the action, or the persistent inaction, of local native officials. For this purpose, however, they must be invested with full powers. In the meantime, though we do not believe there is much risk to this country, yet it behoves all concerned to take such precautions as will secure the removal from their midst of those conditions of filth which will tend to favour the propagation of the cholera poison should it be imported into our midst. The circular issued on the 13th instant by Dr. Buchanan, the Medical Officer to the Local Government Board, contains, in a brief space, a clear enunciation of the principles on which the required action, both of sanitary authorities and of private individuals, should be based, and authorities cannot do better than have it printed and widely circulated amongst the inhabitants of their several districts. In various parts of the country special precautionary measures are already being adopted. In the City of London the daily cleansing of courts and alleys

with a frequent removal of all refuse, is to be organised, and if need be, a house-to-house visitation will be instituted under the control of the medical officer of health. The Port Sanitary Authority of London have made arrangements for the protection of the metropolis by way of the Thames. At Bristol an inspection station for vessels has been decided on, and a fever hospital on the river side is to be set apart for any requirements that may occur. Moreover, there is an increasing demand on sanitary authorities, both of the metropolis and elsewhere, to fulfil their several duties with increased efficiency. To absolute cleanliness as to our dwellings and water, and our food supplies, we must now in the main look, and everyone can use his influence to secure this end.

MEDICAL OFFICERS FOR EGYPT.

THE following medical gentlemen have been appointed by Earl Granville to proceed to Egypt to render assistance to the Egyptian authorities in suppressing the cholera epidemic:—Dr. Theodore Acland and Dr. Gulliver, both of St. Thomas's Hospital; Mr. H. Crookshank; Dr. M'Nalty, Indian Medical Service; Mr. A. F. Wilkins, Mr. Armand Leslie; Messrs. E. Taylor, A. Honman, Wigborn, and J. Cantlie, Charing-cross Hospital; Mr. F. G. Thrapp and Mr. C. F. Parker. Most of these gentlemen started on Wednesday for Egypt.

THE MEDICAL ACT AMENDMENT BILL.

DEPUTATION TO MR. MUNDELLA.

ON Monday, July 16th, a deputation from the Brussels Medical Graduates' Association had an interview with Mr. Mundella, Vice-President of the Council, at the Education Department, Whitehall, for the purpose of asking for an amendment of the Bill which would permit the degree of the University of Brussels, and of other foreign universities granting scientific titles only, to be registered in the same manner as those foreign degrees which are qualifications to practise, provided that the Medical Council should consider the examinations for such scientific titles proof of sufficient professional knowledge.

The deputation was introduced by Mr. Coope, M.P., among those present being Drs. Gayton, President of the Association, E. J. Nix, Vice-President, Danford Thomas, Ex-President, J. P. Lewis, Palmer, Bonney, Keen, F. Ernest Pocock, Hon. Secretary, and others.

Dr. GAYTON then proceeded to state the views of the deputation. He said that foreign degrees which were qualifications to practise in their respective countries were to be admitted to the Register if the Medical Council should "recognise" the universities; but that the Brussels and other degrees which were scientific titles only, and not qualifications to practise in Belgium or elsewhere, were for that reason alone to be debarred from being "recognised" by the Council, and could not therefore be registered. The Association considered that were this restriction removed there would still remain the necessity for "recognition" by the Medical Council as a safeguard against the admission of worthless degrees. He pointed out that the deputation and those whom they represented were all qualified and registered medical practitioners, holding in addition to their British qualifications the degree of Doctor in Medicine from the University of Brussels.

After some considerable conversation,

Mr. MUNDELLA in reply said, "You have brought before me a legitimate and honest grievance. You need not labour the question at all. I quite understand what it is you have to complain of. I believe all medical men desire the advancement of their profession, that it shall occupy the highest status, and that the gentlemen who practise it shall be duly qualified. I am glad you approve of that principle, and that it is also in the best interests of the public. I am sure you will agree with me that there should be some attempt to arrive at some uniform test, and that we should not have a number of examining bodies, the main question being who shall bid the lowest. The Bill will simplify that immensely. It will improve the education and status of the profession, and give much greater confidence—justifiable confidence—to the public. Every man who is a registered practitioner should be qualified to deal with all points of surgery, medicine, and midwifery. You agree with all this, and as you have taken a title at an important continental university you wish to know whether you are to be precluded from the use of that title, and whether you shall suffer for using it in your daily profession. It is a fair question, and shall be very fully considered."

The deputation then thanked the right hon. gentleman and the interview terminated.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns, 5626 births and 3523 deaths were registered during the week ending the 21st inst. The annual death-rate in these towns, which had increased in the four previous weeks from 18·7 to 22·2, declined again last week to 21·3. During the first three weeks of the current quarter the death-rate in these towns averaged 20·9 per 1000, against 22·5 and 18·9 in the corresponding periods of 1881 and 1882. The lowest rates in these towns last week were 12·7 in Brighton, 13·1 in Halifax, 13·2 in Bradford, and 13·5 in Wolverhampton. The rates ranged upwards in the other towns to 23·5 in London, 24·4 in Preston, 24·9 in Manchester, and 29·7 in Newcastle-upon-Tyne. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had increased in the five preceding weeks from 369 to 796, further rose last week to 813, owing to the greater fatality of infantile diarrhœa; these deaths included 491 from diarrhœa, 119 from measles, 84 from scarlet fever, 54 from whooping-cough, 32 from "fever" (principally enteric), 29 from diphtheria, and 4 from small-pox. No death from any of these zymotic diseases was recorded last week either in Wolverhampton or in Halifax, while they caused the highest death-rates in Sheffield, Leicester, and London. Measles was proportionally most fatal in Manchester and Newcastle-upon-Tyne; scarlet fever in Sheffield, Leeds, and Birmingham; "fever" in Bolton and Portsmouth; and diarrhœa in Sheffield, Hull, London, Leicester, and Preston. The 29 deaths from diphtheria in the twenty-eight towns included 21 in London. Small-pox caused 3 deaths in Birmingham and 1 in Newcastle-upon-Tyne. The number of small-pox patients in the metropolitan asylum hospitals, which had been 69 and 60 on the two preceding Saturdays, further declined to 53 at the end of last week; only 3 new cases were admitted to these hospitals during the week. The deaths referred to diseases of the respiratory organs in London, which had been 179 and 195 in the two previous weeks, declined again to 179 last week, and were 6 below the corrected average. The causes of 72, or 2·0 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Brighton, Nottingham, Hull, Bolton, Blackburn, and in five other smaller towns. The proportions of uncertified deaths were largest in Birkenhead, Preston, Leeds, and Newcastle-upon-Tyne.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had steadily declined in the four preceding weeks from 25·3 to 19·5, rose again to 21·3 in the week ending the 21st inst. The rates in the Scotch towns ranged from 11·9 and 14·4 in Perth and Dundee, to 25·2 and 29·9 in Glasgow and Paisley. The deaths in the eight towns included 103 which were referred to the principal zymotic diseases, showing a further increase upon recent weekly numbers; 26 resulted from whooping-cough, 27 from diarrhœa, 20 from measles, 13 from scarlet fever, 9 from diphtheria, and 8 from "fever." The highest death-rates from these diseases occurred in Glasgow and Paisley. The deaths from whooping-cough, which had been 25 and 24 in the two previous weeks, rose to 26 last week, and included 16 in Glasgow, 3 in Edinburgh, and 3 in Leith. The 27 deaths attributed to diarrhœa showed a considerable increase upon recent weekly numbers, including 17 in Glasgow; in the corresponding week of last year the deaths in these towns were 60. Six-

teen of the 20 deaths from measles, and 6 of the 13 from scarlet fever, occurred in Glasgow. The deaths from diphtheria corresponded with the number in the previous week. The 8 deaths referred to "fever" included 3 both in Glasgow and Edinburgh, and exceeded the numbers returned in recent weeks. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 104 and 81 in the two previous weeks, declined to 69 last week. The causes of 94, or nearly 13 per cent., of the deaths in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had almost steadily declined in the seven preceding weeks from 31·8 to 20·6, rose again to 22·7 in the week ending the 21st inst. The mean death-rate in the city during the first three weeks of the current quarter was 22·0, against 22·2 in London and 16·3 in Edinburgh. The 152 deaths in Dublin last week showed an increase of 14 upon the low number in the previous week. They included 6 from "fever," 5 from whooping-cough, 3 from diarrhœa, 1 from measles, and not one either from small-pox, scarlet fever, or diphtheria. Thus 15 deaths resulted from these principal zymotic diseases, against 19 and 11 in the two previous weeks; they were equal to an annual rate of 2·2 per 1000, the rates from the same diseases being equal to 6·9 in London and 2·9 in Edinburgh. The 6 deaths referred to "fever" exceeded those in the previous week by one, and were equal to a rate considerably exceeding that which prevailed in the twenty-eight English towns. The 5 fatal cases of whooping-cough corresponded with the number in the previous week, as did the one fatal case of measles. Three death were attributed to diarrhœa, against 4 in the preceding fortnight. The causes of 30, or nearly 20 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

ARMY MEDICAL DEPARTMENT.—Surgeon Robert Henry Robinson to be Surgeon-Major.

RIFLE VOLUNTEERS.—2nd Cornwall (Duke of Cornwall's): Acting Surgeon William Henry Rean resigns his appointment.

ADMIRALTY.—The following appointments have been made:—Surgeon George W. Low, to the *Agincourt*, vice Brunt; Surgeon William M. Lory, to the *Frolic*, commissioned; Surgeon Henry G. Jacob, to the *Agincourt*, vice Lory; Surgeon John B. B. Triggs, to the *Duke of Wellington*, vice Jacob; Surgeon Samuel W. Vasey, to Haslar Hospital; Surgeon Thomas D. Gimlette, to the *London*, vice Peyton; William Stephens, M.D., to be Surgeon and Agent at Gweedore, vice Lancaster Joyce; Surgeon Isaac H. Anderson, to the *Forester*, vice Lucas.

Correspondence.

"Audi alteram partem."

TREATMENT OF CHOLERA.

To the Editor of THE LANCET.

SIR,—It is to be hoped that Sir William Gull may be correct in his opinion that cholera is not likely to revisit our shores from Egypt, although so near and so few days' sail from England. Soon gone soon forgot, is true of cholera; and better so, as life has enough of care without the addition of fear, which always has an injurious effect upon timid minds.

I see that Surgeon-General W. G. Hunter and other English surgeons are going to Egypt to observe, assist, and if possible prevent the scourge extending to Europe. They will go beyond the sanitary regulations, as known in previous epidemics, there being now a grand array of antiseptic, disinfectant, and ozonising agents, much believed in, and, it is to be hoped, potent enough to check the extension of cholera, if not stamp it out of our history, except sporadically. Should disinfectants fail in Egypt, they may prove more effectual in England, when skilfully used by our educated and highly trained female nurses.

The old method of making up huge fires of firwood and tar-barrels in the principal thoroughfares of towns was good, causing thereby currents of air laden with creasote and other antiseptics, known and unknown, in the usually stagnant atmosphere, and causing, as I have heard, copious showers to fall, than which nothing so far has proved more preventive, rapidly falling and flowing water being our real detergent; good, also, is the plan adopted in Egypt of burning the wooden huts where cholera has been. Should an invasion surprise England, I would recommend for flushing sinks, sewers, and watercloseta, chlorides of zinc or lime, carbolic acid, permanganates of potass or soda, chloralum, sanitas, sulphate of iron, and a constant run of water; for utensils, before and after use, chloralum; for soiled handkerchiefs and linen, a solution of carbolic acid or chloride of lime; for soiled hands, to wash in, permanganate of potass solution, with carbolic acid soap; for rooms, ozone, easily made by pouring sulphuric acid over permanganate of potass in a plate; bichlorinum, easily made by pouring hydrochloric acid on chlorate of potass; sulphurous acid, easily made by burning sulphur; for attendants, a nose and mouth inhaler, charged with Dr. Coghill's antiseptic or other disinfectants, such as recommended by myself in the *British Medical Journal* for July 23rd, 1881, p. 121—viz., essence of lemon, of orange, of bergamot, in lavender-water or eau de Cologne; these essences being agreeable might be used as spray in the sick room, and on handkerchiefs. All the foregoing antiseptics are well known, but few of them have been tried in a cholera epidemic in Britain. Carbolic acid, for example, was little known until brought into notice during the last epidemic, 1866, by Professor Lister; and besides, a number of agents, when presented together to a busy medical man in the pages of THE LANCET, are seen, and remembered too, when his time will not admit of a "hunt up," and soiling his hands with book dust, to refresh his memory.

I ought to be doubly qualified in cholera, having had it twice, and also seen three epidemics of it. In the one of 1853-54 as house to house visitor, under the supervision of Dr. Gaven, I saw 957 cases of choleraic diarrhœa and cholera, and in 1866 had the advantage of observing the disease in private practice, and should it reach us again intend using the following, and beg to submit it to the profession for trial:—One drachm and a half of hydrate of chloral, one drachm and a half of bicarbonate of soda, one ounce of compound camphor tincture, half a drachm of tincture of capsicum, half a drachm of hydrocyanic acid, water to eight ounces. One tablespoonful to be given immediately on seeing the case, and a dessertspoonful every fifteen to thirty minutes afterwards. Should collapse be present, the hydrocyanic acid must be omitted according to the present theory of cholera. The second dose of the foregoing receipt will probably be retained, chloral being an anti-emetic; but should it be rejected, an ounce, more or less, in gum acacia solution, might be thrown well up into the bowels. For the board-like feeling of the muscles during cramp, flannels wrung out of warm water and sprinkled with strong solution of hydrate of chloral should be applied to the abdomen, over the kidneys, legs and hands, with such adjuncts as might be thought useful. Hydrate of chloral, discovered by Liebig when the first authenticated epidemic of cholera was raging in Europe, was not generally known until Dr. Otto Liebreich in June, 1879, by his pen, brought it from darkness into, perhaps, a too full blaze of light. Hydrate of chloral has not been given internally for cholera so far as I know. From its antiseptic, anti-emetic, antispasmodic, and other qualities, it should be useful, and may be sufficiently potent to destroy the poison of cholera.—I am, Sir, yours truly,

J. CARRICK MURRAY, M.D.

Newcastle-on-Tyne, July 23rd, 1883.

To the Editor of THE LANCET.

SIR,—It may seem premature to make a suggestion in an English medical journal for the "treatment" of cholera, but I venture to ask your kind permission to urge an early trial, in the event of cases occurring either in this country or on the Continent, of an expedient which there was, happily, no opportunity of trying at the close of the last epidemic. It is founded on the hypothesis which will, I think, be hereafter held to be actually as well as rationally probable, that whatever may be the nature of the *materies morbi* of cholera, its first action is upon the nerve-centres. For example, those

who have had much clinical experience in cholera must have noticed that one of the very earliest of its specific symptoms is a marked coldness of the tongue. It is generally easy, in the course of an epidemic, to pick out the cholera cases from those of ordinary diarrhœa by simply attending to this indication, which is readily recognisable by the touch. It is not the effect of exhaustion from diarrhœa, for it often occurs before diarrhœa has set in. It is, probably, the immediate result of the depression produced by the impression of the poison on the nerve-centres. I simply mention this matter in illustration of my position as affirming that the first attack is on the nervous centres, or the ganglia of the sympathetic system.

The suggestion I have to make is an immediate recourse to the *bain électrique*, at the very outset of the disease. The patient being placed in an ordinary bed, the legs of which are insulated by glass foot-cups such as are commonly used for insulating pianos, and the prime conductor of the electric machine being brought into connexion with the body, the sick person may be charged with electricity without either trouble or pain of any sort. It is easy, with a little obvious care and precaution, to avoid discharging the electricity. For example, food and medicine may be administered with non-conducting china ware without touching the body. The effect of the electric bath is likely to prove in the early stage of cholera, as it undoubtedly proves in a certain class of cases in the early stages of fever, *conservative of the vital nerve force*, retarding or altogether preventing exhaustion, and, in some instances, even producing a distinct rise of the pulse, and general reaction. It is commonly supposed that static electricity has no stimulating influence, the effect produced in certain cases in which it is used being entirely due to the current set up in the act of discharging. I believe this to be an error. When nerve-centres are charged with electricity they are more stable as regards their molecular state, and whatever nerve force they happen to possess acts with greater intensity, as from a firmer base. In short, the electricity serves the purpose of a "reserve," although it is not nerve force but only approximately like it, and capable in an emergency of doing *some* of its work in the organism.

As an easily practicable expedient in the treatment of a malady which, under the best of circumstances is exceedingly unmanageable, I think the *bain électrique* should be tried. It cannot in any way interfere with the general plan of treatment which may be adopted, and in one or other of its forms holds out a fair promise of usefulness.

I am, Sir, yours truly,

Welbeck-street, W. J. MORTIMER-GRANVILLE.

ASIATIC CHOLERA AND ITS INTRODUCTION INTO THIS COUNTRY.

To the Editor of THE LANCET.

SIR,—A great deal has been written on quarantine and sanitation as a means of preventing the importation to and the spread of cholera within our own country, but I feel it is the duty of the profession to do its best by promulgating sound views to meet the progress of the disease and to allay any unnecessary feeling of alarm in the public mind. It is, I think, now pretty well admitted that cholera (the Asiatic form) is mainly propagated through the medium of bacteria or disease germs; if it were not so, when the disease has once located itself in any position (take Cairo as an instance, where 300 deaths are occurring daily), why should the disease produce such havoc in that city? and why, when it appears to have destroyed all the susceptible portion of a given population, should it pass on to another city or locality and carry out its work of destruction with equally lamentable results there? What I wish to show, supposing this theory to be sound, and supposing the cholera epidemic to fix upon any of our large cities, London for instance, what is to prevent its ravages being carried out there to a most frightful extent? It must not be forgotten that since 1844 a more extended system of underground drainage has been carried out in the metropolis, by which a quarter of a million waterclosets have been made constantly to discharge their foul contents into the house drains, and that, in consequence, at this moment there are four thousand miles of underground drains in the metropolis, all of which are more or less choked with human excreta, and should a cholera epidemic attack London, these four thousand miles of underground cesspools would be the medium through which the disease would be propagated in every direction, such underground cesspools being more or less in direct communication with the interior of the dwelling-houses, some through the watercloset only, others through the various waste-pipes, &c.; whilst the atmosphere of the streets also is polluted by exhalations and emanations from the drains and sewers through the various gully-holes, ventilators, and traps. It is a popular idea when the watercloset is used that the closet soil is instantly removed from the house drain and is conducted to the sewer's outfall at Barking Creek; but such, however, is far from being the case. In dry weather the closet soil remains in the house drains, and some of it in the soil pipe, even when vertically placed, and no amount of flushing or washing will remove it. Now, suppose we take one dry week as an example, and imagine four thousand miles of cesspools extending under every house and under every street throughout the metropolis; surely such a condition as that, should a cholera epidemic prevail in London, would favour its propagation in every direction. It must not be forgotten that the atmospheric current is always a backward one towards the houses, and so long as the sewage runs through and out of the sewers, so long will it remain so. Moreover, the atmospheric temperature within dwelling-houses being higher than that of the drains and sewers it is obvious that the tendency of the foul gases in the drains and sewers will be to rise into the houses and streets. All kinds of schemes are being devised by modern sanitarians, who are aware of the evil they have created, such as cutting off the connexions of waste-pipes, &c. from lavatories, bath-rooms, and sinks with the drains; but that is a complete admission of the failure of their system, for if the drains were not polluted by human excreta, surely it would not be necessary to sever the connexion with them. The real evil lies in allowing the solid excreta to be discharged into the drains at all; that material is so viscid and tenacious that it is impossible, even with the most effective flushing, to free the drains from it. If the attention of the Local Government Board is not drawn to this subject, so that that body may be made thoroughly to comprehend the danger, I fear the results of a cholera epidemic in London, should it occur, will be frightful to contemplate. In the report on urban diarrhœa mortality, July 14th, I notice 249 deaths occurred in the week ending that date from diarrhœa in the twenty-eight principal towns; 167, or two-thirds of the whole number, occurred in London alone, and if the mortality from diarrhœa is so exceptional in London, surely we may expect the mortality from cholera will be equally excessive. The urgent importance of the subject must be my apology for troubling you with these few lines.

I am, Sir, yours truly,

Birmingham, July, 1883. EDWIN CHESSHIRE, F.R.C.S.

SCOTTISH NOTES: UNIVERSITY OF ST. ANDREWS.

To the Editor of THE LANCET.

SIR,—With regard to the article under the above heading, which appeared in your issue of the 14th inst., giving quotations from a memorial to the Lord Advocate by the Medical Faculty of the University of St. Andrews, I beg to state that the quotations selected are calculated to mislead, from not giving both sides of the question. Your inference is calculated still further to mislead, as you conclude your article with the following words:—"These main contentions are supported by a long list of arguments, weighty of themselves, but all tending—and this is the chief point to the profession—to withdraw St. Andrews from even the semblance of purely medical teaching now existing. Drs. Pettigrew, McIntosh, and (with some reservation) Heddle sign the document from which the above quotation is taken; and in the further consideration of this and other matters, *it will not be unfair to assume* [the italics are mine] that these gentlemen aspire only to complete incorporation in an extended Faculty of Arts." Now, so far from the Medical Faculty of the University of St. Andrews seeking dissolution and "complete incorporation in an extended faculty of arts," it is distinctly stated in the memorial referred to that the Medical Faculty desire a fourth medical chair, in order to be able to give two *anni medici*. The following clauses from the memorial will verify this statement:—"The most St.

Andrews could hope to do in such a direction is to get another medical chair instituted, to enable it to give two *anni medici*. The most fitting chair for this purpose would be a conjoined chair of botany and materia medica, which would at the same time qualify for the extended Master of Arts degree." "By retaining the three medical chairs (to which it is to be hoped a fourth will be added) at St. Andrews, the medical professors would be doubly useful, inasmuch as they would educate *medical* students as well as art students." This being so, I wish to state, as Dean of the Medical Faculty, that nothing can be further from the intentions of the faculty which I represent than the abandoning of medical teaching or the giving up of any powers which we possess as a medical examining and medical degree conferring body; and I will feel greatly obliged by your giving this letter all the publicity in your power, as the subject is one which deeply concerns the University of St. Andrews. I remain, Sir, yours, &c.,

J. BELL PETTIGREW, M.D., F.R.S.,
Dean of the Medical Faculty, &c.

University of St. Andrews, July 25th, 1883.

"ON RUPTURE OF THE URINARY BLADDER."

To the Editor of THE LANCET.

SIR,—The criticisms to which, after a long silence, Mr. Morris has subjected portions of my paper on "Rupture of the Urinary Bladder," published last year in THE LANCET, necessitate a reply. Mr. Morris seems to complain of my having included his reported case of recovery in the intra-peritoneal series, although he had described the wound as "chiefly, though perhaps not entirely, extra-peritoneal." But the half belief of Mr. Morris in the existence of an intra-peritoneal rent, however limited, through which, I presume, urine could have entered the peritoneal cavity, overshadowed the larger extra-peritoneal rent, and did not admit of any other course. If I understand Mr. Morris correctly, he now closes the dubious rent in the peritoneum altogether. This is a solid gain, which I am most thankful to accept, and I regret that I am unable at once to reciprocate the concession by altering my opinion as to the nature of his case. Mr. Morris characterises my summary of his case as a little misleading. It was not intentionally so, and I now take special note that his patient stated that "he had not passed water for an hour or two" (I used the expression "about an hour"), that he was drinking up to the moment of wrestling, and that there was a certain or uncertain proportion of blood in the three-quarters of a pint of fluid which he passed during the first thirty-six hours. Some space in Mr. Morris's paper is occupied with attributing to me arguments and opinions which I have not advanced, and then proceeding to refute them with the help of material which I have abundantly furnished. Thus I am made to argue that a bladder is not ruptured because thirty-six hours after the injury the patient passes water by his own efforts, and because, subsequently, plenty of urine can be daily drawn off as soon as he comes under observation. Possibly some instances which Mr. Morris gives to refute these imaginary generalisations of mine might, if critically weighed, tend rather to support them than otherwise, but inasmuch as I did not apply the facts of Mr. Morris's case as absolute general statements, it would be waste of time and space to point out flaws in the refutation. In Part II. of my paper I referred to cases in which patients with ruptured bladders voluntarily passed more or less water at variable periods after the injury, and gave prominence to the fact that large quantities of urine might be drawn off, and, therefore, I am not likely to make unqualified general statements at variance with instances with which I am familiar. Nevertheless, it is most important to bear in mind two things. First, the amount of urine obtainable from a ruptured bladder varies from none at all to a few ounces. The larger quantities drawn in some of the published cases came from the peritoneum or from an adventitious cavity outside the bladder. What the rule may be when a catheter is tied in, my notes do not enable me to determine, but I suspect that the normal quantity would not be obtained. In Mr. Hird's intra-peritoneal case (THE LANCET, 1846) the catheter was tied in, and brought very little urine away throughout the day. Secondly, desire with inability to micturate often from first to last is the common condition after rupture of the bladder. The passage of urine by the unaided efforts of the patient is exceptional. I cannot refer to any published and authenticated case in which as much as three-quarters of a pint of bloody urine (I do not include the dribblings of incontinence) were passed voluntarily in instalments during the first thirty-six hours by a male patient. If, then, regard be paid to the symptoms alone in Mr. Morris's case, they are decidedly more favourable to the soundness than to the rupture of the bladder; but the genuineness of the rupture, whether intra-peritoneal, extra-peritoneal, or a combination of both, turned in my view upon the condition of the bladder at the time of the accident. If conclusive proof had been afforded that the bladder contained any considerable quantity of urine, I must have acquiesced in the diagnosis, notwithstanding the great difficulty of accounting for the effused urine; for I cannot imagine that any ordinary distended bladder could withstand the kneading with the knees to which the abdomen was subjected. At present, I consider the evidence of distension defective, as it consists merely of an inexact and inconclusive statement of a tippling patient, that "he had not passed water for an hour or two and had been drinking up to the moment of wrestling." What is wanted is some precise and reliable proof of imbibition of a sufficient quantity of fluid taken in time to reach the bladder. Until this is forthcoming, I feel justified in still regarding the case as one of severe contusion. The symptoms are compatible with this explanation, and the improbabilities involved in the acceptance of the diagnosis are far greater than any contained in the supposition that the patient did not give an accurate history, and that the surgeon was misled by too confiding a trust in the loose statements of a fallible patient. Mr. Morris very fairly alludes to a case which I related, showing that an extra-peritoneal rupture near the neck of the bladder may occur when the bladder is empty or contains at the most a few ounces of urine, by being dragged backwards with the peritoneum. Exceptionally, I believe that this may happen; but I also think that it can only happen through an amount of contusion and stripping up of the peritoneum, almost inevitably fatal to the patient. In my own case, death took place on the third day, and diffuse inflammation had commenced as a result of the contusion, and the passage of urine through the rent in the bladder. Hence, I doubt whether my case will give Mr. Morris much assistance, if he is prepared to admit that the bladder of his own patient might not have contained, at the time of the accident, so much urine as his patient's account led him to believe. Mr. Morris has my thanks for his acumen in detecting constructible error in my mode of stating that the reported cases of recovery might be disregarded in considering the question of treatment, owing to the bewildering results which would attend the admission of their genuineness for the purpose of the discussion. He proceeds, however, to interpret my remarks as equivalent to questioning the genuineness of the cases on the ground of mere diversity in the treatment supposed to have been successful. Undoubtedly the genuineness of the reported cases of recovery must stand or fall upon their intrinsic merits or defects, and my practical recognition of this principle has been so ample that I know not when I shall be released from replying to the authors of the cases which I have critically reviewed. Moreover, I fully agree with Mr. Morris in the opinion, which he has happily exemplified from the treatment of popliteal aneurism, that there may be various effectual ways, apparently different, but in reality similar in principle, by which the same end may be effected. On the other hand, let it not be forgotten that there may be several inefficient methods of treating a particular disease whose continued use is bolstered up by the publication of illusory cases of recovery; and underlying my remarks was the profound conviction that the treatment adopted in some of the reported cases of recovery after intra-peritoneal rupture of the urinary bladder was, in varying degrees, inadequate and unreliable. This constitutes an important difference between popliteal aneurism and ruptured bladder. Other differences are that in popliteal aneurism the diagnosis is usually obvious, and the means of carrying out well-established principles of treatment can have their value proved by unquestioned instances of success, whilst in intra-peritoneal rupture of the bladder the diagnosis is beset with fallacies, and authenticated cases of recovery are still wanting to decide between the conflicting claims of the different plans advocated by different surgeons. In popliteal aneurism, if milder methods fail, the more radical can be adopted with every prospect of success. In

ruptured bladder we cannot begin again, for if our selected means should fail, death will place the patient beyond the reach of surgical art.—Yours obediently,

WALTER RIVINGTON, M.S. Lond.

Finsbury-square, July 13th, 1883.

"ABDOMINAL HERNIA AND ITS CONSEQUENCES."

To the Editor of THE LANCET.

SIR,—With the notice that you were good enough to take, on July 21st, 1883, of my pamphlet on Hernia, I have not much fault to find, as it seems to me to be neither disingenuous nor unappreciative. Where your writer has clearly understood me he has, in the main, concurred with me; and I have no objection to the slightly disparaging tone of his last paragraph, which justifiably points out what I admit to be a verbal inaccuracy of style. I am glad to perceive, however, that even this fault of mine has not concealed my meaning from the reviewer. I omit allusion here to the subject of so-called "omental strangulation," on which his views are expressed in merely hypothetical terms. But there are two points on which he entirely misrepresents, if he do not actually misunderstand, me. I take the second first. Referring to the subject of intestinal perforation and its relation to the presence or absence of collapse, his language is here, though probably right grammatically, not logically quite so clear as it might be. But as I understand him, he charges me with ignoring the collapse resulting from peritoneal infiltration of fæces! The whole of this section was written by me for the express purpose of noticing what he erroneously charges me with omitting. The idea obviously conveyed by me is that there is no such thing as "the collapse of perforation *per se*"; but that when perforation permits the large escape of fæces into the peritoneum, the collapse which undoubtedly follows is the "collapse of septicæmia," due, of course, to the absorption of the putrid materials. One cannot be expected to be at laborious pains to remind one's readers that rapid septicæmia is one of the acknowledged but various and different promoting causes of the general condition termed "collapse." For due consideration of "collapse" from every point of view, however, reference may be made to an address by Professor von Nussbaum, published in 1877,[1] abstracted in English on May 15th of the same year in the *London Medical Record*.

The other, and last point of which I wish to notice, is the utter misrepresentation by the reviewer of the term "intestinal obstruction" as I understand and employ it. In this he merely follows the too prevalent practice of attempting the hopeless task of separating the cases caused by functional laming from those caused by a more plainly mechanical occlusion. The essential symptoms are alike in all, I care not what the variety, though the degrees of acuteness truly differ; but that does not help the diagnosis, or alter the immediate obligations as to treatment.

Cases illustrating my view are continually being published, and I need not multiply them, but I may add that I have known a case of intussusception, discovered by post-mortem, in which there never was complete constipation from first to last, and in which we felt certain during life that, whatever the form of intestinal obstruction, we might safely exclude intussusception. I have also known a case in which the symptoms were sudden and most acute; great pain, temperature of 103°, quickened pulse, belly distended and uncertainty as to the existence of a circumscribed tumour, everything noticed at the first visit consistent with the presence of intussusception, yet to which hopeful medical treatment was promptly and continuously applied, with immediate benefit, but undergoing daily remission, followed by daily ameliorations, under the assiduous enforcement of the most rigid abstension from milk and all solids, and under the repeated injection of morphia subcutaneously. Even here, it took the patient a month to recover entirely, under the most exactly appropriate treatment; though within the first two days it appeared extremely probable that the obstruction was of some "functional" kind, perhaps permitting the impaction of food in the first instance. Such cases are those which, when teased with the finger, with enemata, or with milk and other improper ingesta, often eventually die, and reveal post mortem what some are pleased to call "no signs of obstruction." Why, the whole thing is "obstruction" throughout, from the last stool preceding the seizure to the first puff of wind per anum after improvement.

By "intestinal obstruction" I do not mean solely one of the mere anatomical causes of obstruction, be it strangulation of a hernia (internal or external), invagination, volvulus, band, constriction of any kind, pressure, &c., but I mean the great and portentous facts involved in the physiological aberration by which the intestinal propulsive functions are obstructed; and that not merely by the inconvenience, however great, of a mere passing and passive constipation, but the active indication that such "obstruction" has commenced. I care not for the immediate purposes of treatment in the urgent interests of the patient, whether it be due to any of the perfectly definite causes just enumerated, or to the equally potent influence of peritonitis, enteritis, or other functional conditions that leave no trace behind for post-mortem satisfaction or reproach; it is enough that "symptoms of obstruction" are present. Everybody knows what these are, and the first thing to do is to proscribe food, and (generally) to prescribe opium. Even in strangulated hernia, which is not always immediately recognised or recognisable, the same treatment is required to prevent aggravation of the symptoms should the necessary operation be inevitably postponed or waited for.

So surely as cases are not promptly treated tenderly in this way, so surely will some of them continue to develop from a comparatively harmless "bellyache" to a formidable or fatal disease. It is impossible, in a communication that should be confined within limits that I must have exceeded, to do more than touch upon the points immediately concerned, but I desire to correct obvious misinterpretations.

I am, Sir, your truly,

RUSHTON PARKER, B.S., F.R.C.S.,

July, 1883. Professor of Surgery in University College, Liverpool.

*** We regret that Mr. Parker has omitted to give in his pamphlet evidence that the collapse of perforation is merely collapse of septicæmia; he appears to us to have overlooked the other explanations of that state. The concluding paragraphs of Mr. Parker's letter appear to us to justify in every particular the remarks to which he takes exception.—ED. L.

[1] Aertzliches Intelligenzblatt, March 15th.

ON THE CHINESE ORIGIN OF SYPHILIS.

To the Editor of THE LANCET.

SIR,—An annotation in THE LANCET of March 31st, 1883, on the "Antiquity of Syphilis," moves me to select from my unfinished essay on "Syphilis in China," a contribution to the history of this much-debated question.

Chinese writers on syphilis state that that malady was unknown in their country, meaning thereby the Valley of the Yangtze and regions northward, until about the middle of the ninth century of our era, when it came from Canton and spread gradually over the empire. It extended to Japan also, as stated in the work by Dr. Schulze in Virchow's *Archiv*. Of hardly less interest is the fact that the Chinese were the first to employ mercury in the treatment of syphilis, its use being synchronous with the advent of the new contagion. If I might quit the realm of fact for the region of conjecture, I should say that Arab traders conveyed the poison, as well also as its mercurial antidote, from Canton to the West, and that its appearance in Southern Europe, late in the fifteenth century, was due to that agency. It appears to be much less virulent now than when first described.

I am, Sir, yours faithfully,

June, 1883. D. J. MACGOWAN, M.D.

LIVERPOOL.

(From our own Correspondent.)

THE EYE AND EAR INFIRMARY.

MR. EDGAR BROWNE has had a very interesting series of cases of detachment of the retina, treated by paracentesis and by subcutaneous injections of pilocarpine. The immediate results have been sometimes brilliant, but Mr. Browne points out that in the great proportion of cases a relapse will occur. Very satisfactory results have been obtained in cataract cases with a preliminary iridectomy performed six

weeks before extracting the lens. Mr. Browne's lectures on refraction and the use of the ophthalmoscope will be resumed in October. They were largely attended last winter by senior students and junior practitioners. An hour's lecture was followed by a demonstration on patients of the subject treated. An importation of erysipelas from outside the hospital, that at one time threatened to prove disastrous, was successfully dealt with by promptly removing all the patients into the upper wards, and by ceasing all operations for a fortnight. A considerable proportion of cases of "tobacco amblyopia" occur among sailors, who smoke a very strong tobacco called twist.

THE BRITISH MEDICAL ASSOCIATION ANNUAL MEETING.

The arrangements for this meeting, which commences here on Tuesday the 31st inst., have for some time past been in a very forward state, and little remains now to complete them. A very large and most successful gathering is confidently expected. Although so large a city, Liverpool is, so to speak, very centralised. Most of the principal hotels are in close proximity to the chief, and within easy distance of all the, railway termini, and of the river. The chief public buildings, where the soirée and annual banquet are to take place, and the Liverpool College, where all the meetings are to be held, are all within a very short walk. The tramway system has been so extended as to facilitate locomotion very greatly, and for the purposes of such a meeting there could hardly be a more convenient place than this city. From the programme, as already published, the subjects for discussion are of a very practical nature, and the meeting promises to be important in its professional aspects as well as successful as a social gathering.

THE CITY COUNCIL AND THE ISOLATION OF FEVER CASES.

It was stated at the last meeting of the City Council that negotiations are being made between the Health Committee and the managers of the Netherfield Hospital for Infectious Diseases for the transfer of the latter to the Corporation. Such an arrangement would be very desirable. The hospital is conveniently situated in an elevated position, and there is sufficient adjoining land for further extension of the hospital if required.

VENEREAL DISEASES AND VOLUNTARY LOCK HOSPITALS.

The probable results of the recent action of the Government in reference to the compulsory powers of the Contagious Diseases Acts may be judged by what is seen in this large seaport. At the Lock Hospital there were on the 24th inst. thirteen beds in the female wards occupied and twelve empty. The male wards, on the other hand, are generally well filled, and there have been lately some very severe cases of tertiary syphilis, also several cases of sloughing ulcers. Within a radius of half a mile from the hospital there are many streets almost every house in which is a brothel. That a proportion of the inmates, sufficient to fill the empty beds in the hospital several times over, are more or less diseased must be obvious, and yet they are at liberty to spread these diseases far and wide. The consequence is that syphilitic diseases prevail to a very large extent in Liverpool.

SCOTTISH NOTES.

(From our own Correspondent.)

AN INTERESTING DECISION TO LOCAL AUTHORITIES.

A DECISION of some interest has been given in the court of session in an action at the instance of certain proprietors in the parish of Mid Calder against the local authority of the parish. Pursuers asked for a decree of declarator that the defendants were not entitled either as parochial board or as local authority to incur expense in connexion with the cleansing of the streets of the village, or in connexion with cleansing operations elsewhere in the parish, and that they were not entitled to levy assessment over property in the parish for such a purpose. Defendants stated that though this village of 651 inhabitants could not adopt the General Police Act, conditions arose so inimical to health that their only resource was the employment of scavengers; and they maintained in law that the payments for cleansing having been lawfully made by them in the exercise of their powers at common law, they should be assoilzied. His lordship was of opinion that in such parishes as this, when the parochial board was constituted the local authority in terms of the Public Health Act, 1867, and when a considerable village was placed under their authority, it was not beyond the power of such local authority, acting under the Board of Supervision, to direct inspectors to see to the cleansing of the streets, and, if necessary, to employ scavengers for the purpose. The plea of the defenders was thus sustained. One would imagine it rather late in the day for a case of this kind to occupy the superior courts; but in view of doubts which must have existed on the subject, and the urgent calls now being made upon local authorities to be in readiness against the approach of cholera, it is well that the timid amongst the authorities should be made aware that disbursements will be repaid from the rates.

MURRAY ROYAL ASYLUM, PERTH.

The report of this institution for the past year shows continued progress in adapting the asylum to the most modern wants; and apparently Dr. Mitchell's report may be thoroughly relied on when he says, "All the changes introduced by Dr. Urquhart tend to make the house healthier, to increase the chances of cure in the curable, and to add to the happiness of the lives of those who are beyond hope of cure." There were 24 cases admitted during the year; there were 16 discharged; the total number under treatment was 105, the average number 79; and there now remain 84. Dr. Urquhart reports that the institution now receives cases earlier, and as a result of ten admittances within three months of the onset of the malady, eight are now recovered or convalescent. One patient said on admission, "that he sought to be treated here for the same reasons that would have prompted him to call a surgeon had he broken his leg"; and we are not surprised to notice that that patient's period of detention was short. None of those who recovered during the year had been resident over six months. Perhaps the only disagreeable occurrence in this asylum during the year was an outbreak of typhoid fever, through which one patient died. The cause could not be found within the building, and I suppose Dr. Urquhart did not care to say distinctly that the water-supply of the town is at fault. He mentions that typhoid has not visited the asylum for at least nineteen years, and we know it is not long since he first reported the use of Perth water. During the past year many important structural changes have been made, and the system of drainage, water, and gas-pipes is now very complete. Both Dr. Sibbald and Dr. Mitchell seem most favourable to the whole arrangement of this institution.

THE "SCOTTISH NATURALIST."

It appears that a new issue of this journal has been resolved upon, and the first number has appeared. For several years conducted by Dr. Buchanan White for the Perthshire Society of Natural Science, and later for the Messrs. Blackwood, it is now some time since the spirited venture had to succumb. It was always prized by the students of science and societies throughout the world, and it may be hoped that under the editorship of Professor Trail of Aberdeen a prolonged lease of life may be obtained.

ABERDEEN INFIRMARY.

Contrary to what was at first expected, there seems to be a rush of medical candidates for the vacancy in the superintendentship of this infirmary. The decision of the directors on the question of a lay or medical governor does not seem yet to be given, but the method which for so many years wrought so well under Dr. Rattray will not be given up without earnest consideration.

IRELAND.

(From our own Correspondent.)

ROYAL UNIVERSITY OF IRELAND.

AT a recent meeting of the Senate, the term of office of Lord O'Hagan as Vice-Chancellor having expired, he was unanimously re-elected. The Senate have ordered that after next year all candidates for the diploma in obstetrics shall be required to undergo a special written examination in midwifery, gynæcology, and diseases of children. A meeting of Convocation was held last week, the first business being the election of a senator.

There were two candidates, Mr. Curtis and Mr. Thomas Wheeler, the former being elected. Dr. Knight then moved the three following resolutions, of which he had given notice:—1. "That the election of the members of the Annual Committee of Convocation be now proceeded with. 2. That the Senate be requested to consider the advisability of holding the medical examinations in the months of May and November in each year. 3. That the Senate be requested to admit students of the late Queen's University in the faculty of medicine to two examinations in the year." It having been pointed out that the first of the propositions could not be entertained then, the annual meeting of Convocation taking place in October, Dr. Knight proposed the adoption of his second resolution, and said that the present practice in reference to medical examinations was unfair towards candidates. The resolution having been withdrawn, the third was brought forward by Dr. Knight and supported by Dr. Roche and Mr. Hanly, the latter stating that it was a great injustice to put back for twelve months a student who might have been "plucked" for ignorance of a subject which might be made up in three months. On a division the resolution was lost. The Senate here adopted an important resolution, proposed by the President of the Queen's College, Belfast, in reference to matriculated students of the university. They have arranged that the First University Examination shall in future, so far as the written questions are concerned, be held not only in Dublin, but also at certain local centres to be from time to time selected by the Senate; and those candidates as shall be recommended for honours shall be required to attend subsequently in Dublin for oral examination. By this arrangement all students, whether medical or Arts, who are candidates for a mere pass at the First University Examination, are at liberty to select such local centre as may be most convenient for them.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

On the 19th inst. the Honorary Fellowship was conferred on Surgeon-General Crawford, Director-General of the Army Medical Department, and on Surgeon-General Sir James Hanbury, in recognition of their distinguished careers, especially in connexion with their services in the late Egyptian War. The President of the College (Mr. Wheeler), in conferring the distinction on Surgeon-General Crawford, said that there were two classes of persons on whom the Honorary Fellowship was bestowed—one, medical scientists; the other, under which the recipient came, those who, from scientific knowledge and research, produce practical results in surgery. He alluded to his services in the Burmese, Crimean, Afghan, and Egyptian campaigns. The President next addressed Sir J. Hanbury, and referred to his career when principal medical officer in the Afghan War of 1878, of his march to Candahar, and the distinction of Commander of the Bath then conferred for the admirable manner in which the duties were performed by him. As principal medical officer in the Egyptian War, the rapidity with which he established hospitals in empty dwellings, almost pest-houses, where works of drainage and water-supply had to be done, and ventilation had to be provided, was matter for universal admiration. Having, at considerable length, referred to the statistics of the recent campaign, the President handed Sir J. Hanbury his certificate of Honorary Fellowship. Both gentlemen having returned thanks for the honour conferred on them, and having signed the roll as Honorary Fellows, the proceedings terminated.

PRECAUTIONS AGAINST CHOLERA.

The Local Government Board have transmitted circulars to various Poor-law Unions throughout Ireland, with a view to provide as far as possible against the introduction of cholera into this country, and also to arrest its progress should any cases be found in vessels arriving on the coast of Ireland, by making the necessary arrangements for the prompt treatment of such cases. It would be the duty of the guardians, without delay, to appoint some qualified practitioner to discharge the function of medical officer of health, and also determine the place where infected ships are to be moored or anchored, and the hospital or place whereto any person on board who may be suffering from cholera should be removed. In accordance with a resolution passed at a recent meeting of the Belfast Guardians, Dr. Seaton Reid reported that in the event of cholera appearing in Belfast he could make arrangements for the reception of twenty cases within an hour after receiving notice. A committee of the guardians have also visited the hospital on the Twin Islands, built some years ago for the reception of such cases, and it is being overhauled and put into thorough repair. The North and South Dublin Unions have taken the necessary steps in case the disease may visit this country.

PARIS.

(From our Paris Correspondent.)

SANITARY INSPECTION OF LODGINGS.

M. CAMESCASSE, the Prefect of Police, has applied for the necessary funds to enable him to organise a staff of sanitary inspectors for the periodical inspection of furnished lodgings, of which there are 10,000 in Paris, most of which are known to be in a notoriously insanitary condition. The same might with advantage be extended to hotels, as many of these merit the same reproach. The proposition has been favourably received by the Town Council, and the functions of the staff will commence on August 1st. The staff is composed of five architects, who are to receive an annual salary of 3000 francs each, four supernumerary architects, on 1500 francs a year, and two clerks. This is a wise measure; but I think it would be desirable, indeed indispensable, to have a few medical men on the staff as well, as without them the inspection must be but imperfectly carried out.

CHOLERA PRECAUTIONS.

In continuation of the cholera precautions referred to in my letter of last week, the Society of Public Medicine in Paris proffers the following suggestions and instructions:—The slightest derangement in the digestive functions may be the prelude to an attack of cholera. Any such derangement should never be neglected; the doctor should be immediately sent for, as early treatment intelligently applied may stop the progress of the disease. More frequently it is by the dejections from the stomach and bowels that cholera is propagated, and they are as dangerous in the slighter attacks as they are in the most severe ones. It is, therefore, advisable to remove as soon as possible all such matter from the sick room, and to thoroughly disinfect it before being removed, as the smallest quantity left undisinfected and thrown into the privy may contaminate a whole house. The Society enters into details as to how these are to be effected, but which cannot for want of space be given here. The instructions have been generally approved of, and on his side M. Jules Guérin, the Principal Director of Hospitals, has obtained the sanction of the municipal authorities to erect wooden huts or tents for the reception of cholera cases, and he has made the necessary arrangements for the disinfection of the wards that may be occupied by cholera patients and for carrying out the instructions issued by the Society of Public Medicine. The Municipal Council propose establishing "crématoires" in three of the principal cemeteries of Paris, which, in anticipation of cremation becoming legal, are to be used only in case of an epidemic breaking out. No authentic case of cholera has as yet been heard of in Europe, and if Dr. Fauvel's prognostications are correct, our continent is likely to escape. In a paper submitted at the last meeting of the Academy of Sciences, Dr. Fauvel makes out that the more severe an epidemic of cholera is the shorter will be its duration, and he arrived at this conclusion by observing that when in 1865 the European Medical Commission reached Egypt to study the disease, it had disappeared. Hence Dr. Fauvel predicts that in six weeks from the time of its appearance Egypt will have got rid of the epidemic; it is therefore only necessary that we should protect ourselves till then. This is very consolatory, but Dr. Fauvel, who has implicit faith in quarantines, is afraid that unless the regulations applying to the latter are rigorously carried out the disease must find its way to Europe.

COUNT DE CHAMBORD.

Professor Vulpian, who has returned to Paris, maintains the opinion expressed by him that the Count de Chambord has neither cancer nor tumour of the stomach, and that the malady he is suffering from is simple inflammation of that organ, which, nevertheless, is a very grave state of things, as the patient is unable to take sufficient nourishment. The

latest telegrams, however, report that a marked improvement has taken place in all respects.

A commission of twelve members from Sweden, composed of six physicians and six surgeons, has arrived in Paris, the object of which is to study the organisation of the medical service in this country, after which the commission will proceed to London, Berlin, and Vienna, with the same end.

Paris, July 25th, 1883.

THE CHOLERA IN EGYPT.

(From our Correspondent.)

IT is now twenty-four days since cholera broke out in Egypt, and still much mystery hangs over its origin. Some, simply accepting the statement that every outbreak of cholera may be traced back to India, proceed to discover some channel of communication whereby to confirm this dictum. A medium was supposed to be unearthed by the sanitary physician of Port Said in the person of a fireman on board a British steamer from Bombay, who left the ship at Port Said and was declared to have made straight for Damietta. He has been proved, however, not to have reached Damietta till two days after the outbreak of cholera there. Another story is to the effect that four Bombay merchants were at a fair held at Damietta during the week of the outbreak, and that either by their persons or their merchandise they spread the disease. I am not aware, however, of any authentic confirmation having been received of this rumour. Others, again, hold that the insanitary state of Damietta and the contamination of the water-supply by hundreds of putrefying carcases of cows and buffaloes (which had died of a severe epidemic of bovine typhus, and were thrown into the river to save the trouble and expense of burial) are sufficient to account for this frightful visitation. Of course the question is, Can any combination of atrociously bad sanitary and hygienic conditions originate cholera *de novo?* If so, then Damietta, Mansourah, &c. presented those conditions, and would at least form an excellent nidus for the propagation of cholera, a favourable soil wherein it might flourish. Cholera was first officially declared to have broken out at Damietta on June 24th; but the probability is that it existed there two days earlier, for the ordinary daily mortality is 3, and on June 22nd it was 14, on the 23rd it mounted to 23, and on the 24th, when the disease causing the sudden increase of mortality was officially announced to be cholera, the death-rate was 25. The mortality from the disease reached its maximum at Damietta on June 30th (141 officially reported), and has since almost steadily decreased, till on July 16th there were reported 28 deaths. At first it seemed as if the places attacked were to be confined to towns situated on the Damietta branch of the Nile, the disease spreading in a southerly direction with the prevailing wind; but within the last few days it has been flitting about in an uncomfortable and ominous manner, as may be seen by a list of the places attacked. No doubt the cordons sanitaires, which are established round infected villages soon after an outbreak, have done something to retard the progress and onward march of the malady; but the difficulty is that as soon as the slightest suspicion arises in a village that a case has occurred, a great many of the inhabitants, fearing the cordon or the disease, make off at once, of course, with the probability of carrying infection wherever they go. The soldiers forming the cordons sanitaires have in several cases been attacked.

Numerous complaints have reached us from infected villages of want of medicines, disinfectants, doctors, and even food. These wants have now been in a great measure supplied, partly by the Government and partly by the private benevolence of Europeans. To disinfect an Arab village is no sinecure. It is not a case of improving sanitary arrangements, for none exist; it is a case of creating them, and most of the native-doctors have no idea of sanitary science.

Regarding the virulence of cases, private reports reach us that many now die in two or three hours without any vomiting or diarrhœa, though of course many cases now, and all the cases at the commencement of the epidemic, lasted much longer. As usual, the proportion of children attacked is larger than adults. I observe that at Damietta, on June 27th, 61 adults died of cholera and 68 children, and on June 28th 44 adults and 62 children. This is all that is ascertainable from official sources; as to the proportion of deaths and recoveries we know nothing definite, except that the epidemic seems very virulent.

We have had four cases in Alexandria. The first has an interesting history, the second and third have no history, the fourth I saw myself last night in private practice. The first case was that of a woman who, on June 22nd, came from Mansourah (the first case was officially reported there on June 25th) with a man to Alexandria, and lived there with the man and his family, consisting of a wife and daughter. Their house was one of a number of huddled-together, insanitary wooden huts in an open and healthy part of the town. The woman was attacked with cholera and died on July 1st. A cordon was put round the house and the locality, the furniture was burned, and the man with his wife and daughter were put in quarantine outside the town. The daughter was seized with cholerine on July 10th, but recovered in two days. The second case was an Abyssinian, who died in the Arab Hospital. The third case was an Austrian publichouse-keeper, who could give no account of himself except that the night before admission to the European Hospital he had eaten and drunk very freely, went to bed early at night, and was attacked at midnight; he died at 7 P.M. next day (July 8th). The fourth case occurred last night. It was in an old woman (English) who kept a lodging-house. The house is in a very damp unhealthy part of the town, where all the offal used to be collected. The woman seemed about sixty years old, and was known to be of intemperate habits. She was taken ill with vomiting about noon yesterday (July 16th). I saw her at 6 P.M. She had all the symptoms of cholera, and was removed to the Deaconesses' Hospital under Dr. Mackie's care, and, though the choleraic symptoms were never severe, she died in hospital to-day at 11 A.M., after twenty-three hours' illness. As yet we have been unable to trace any source of infection in her case. None of her lodgers, so far as I have ascertained, have been near the infected districts. In Cairo there have already been several cases, and to control the cholera there and here seems now impossible.

Alexandria, July 17th, 1883.

ROYAL COLLEGE OF PHYSICIANS.

AT the ordinary Comitia on Thursday, William Osler, M.D., was admitted a Fellow of the College. Drs. Fincham and Wilson Fox were elected Censors in place of Drs. Munk and Lionel Beale, and Dr. Gowers was elected a Curator of the Museum in place of Dr. Southey. The newly elected examiners were Dr. John Harley in Physiology, and Dr. Broadbent in Medical Anatomy and the Principles and Practice of Medicine.

A report was received from the Committee on the Medical Bill, in which it was stated that the amendments recommended by the College had been introduced into the Bill.

MEDICAL NOTES IN PARLIAMENT.

IN the House of Lords on Monday, the Factories and Workshops Act Amendment Bill was read a third time and passed.

In the House of Commons on Thursday, the 19th inst., a petition was presented by Lord G. Hamilton from the Brussels Medical Graduates' Association against the Medical Bill.

The Army Hospital Service.

In the House of Lords on Friday, Lord Bury raised a debate of considerable interest and importance on the report of Lord Morley's Committee, and moved a resolution in favour of entrusting to combatant officers the administration of army hospitals, leaving to the medical officers medical duties only, and also in favour of a return to the system of regimental surgeons. The noble lord observed that his view was supported by two members of the committee, Major-General Hawley and Sir R. Loyd Lindsay, who dissented from the report of the majority.—In reply, Lord Morley defended the present system, and strongly objected to the principle of a double control of hospitals. The Duke

of Richmond and Gordon, the Duke of Cambridge, the Earl of Longford, and the Marquis of Hertford gave a modified support to the motion, which was, however, withdrawn, it being understood that the purpose of the mover had been served by the discussion he had evoked.

Surgeon Corbin.

In the House of Commons on Monday, Lord Hartington replied to Mr. Tottenham that Surgeon E. R. Corbin was removed from the Guernsey militia by the Lieutenant-Governor for an act of insubordination on May 18th; and it appeared that the Lieutenant-Governor acted within his powers.

Irish Prison Surgeons.

Mr. Trevelyan stated to Mr. Gibson that he had consulted Mr. Forster, who did not recollect having any special interview with Dr. Carte as to the claim of the Irish prison surgeons for additional remuneration for extra services under the Peace Preservation Acts, but who thought that it was likely that he did say he would press the claim upon the favourable consideration of the Treasury.

Petitions were presented from Wexford for alteration of the Medical Bill, and from Newport for alteration of the Irish Lunacy Law.

Mr. Chamberlain assured Mr. Moore that the shipping companies provided good accommodation at Queenstown for the medical inspection of emigrants.

Stoppages of Pay in the Army Hospital Corps.

Baron H. de Worms asked the Secretary for War whether it was the fact that when a man of the Army Hospital Corps contracted an infectious or contagious disease, in consequence of his nursing patients suffering from such disease, he was deprived of his extra pay and was made subject to hospital stoppages while he was being treated in hospital, though the disease had been contracted in the execution of his duty.—The Marquis of Hartington: Men of the Army Hospital Corps are liable to stoppages under the circumstances named, on the general principles that special pay for duty cannot be issued except for the performance of the duty, and that all soldiers are liable to hospital stoppages unless in hospital on account of wounds received in action, or of illness contracted on a service with an army in the field. The question of relieving men of the Army Hospital Corps from these stoppages in the case of illness contracted in the discharge of their duty has frequently been considered, but a difficulty has hitherto been felt in treating them differently from other corps in receipt of departmental pay. I will undertake, however, to look further into the matter.

Petitions in favour of the Medical Bill were presented from Chester and North Wales. The Chief Inspector's annual report on alkali works was presented. On the motion of Mr. Biggar a return was ordered of the evidence taken at the recent inquiry in Westminster Workhouse.

Cholera Questions.

On Friday, in the Commons, Lord E. Fitzmaurice stated that Dr. Hunter had started for Egypt, and that Mr. Mieville, English delegate to the Quarantine Board, and Dr. Mackie, consulting physician to that Board, were also attached to the mission. The Egyptians expressed their anxiety to avail themselves of Dr. Hunter's services.

On Monday, in the Lords, the Earl of Morley stated that four deaths from cholera had occurred amongst the British troops in Egypt.

On Monday, in the Commons, Lord E. Fitzmaurice announced that twelve English medical officers were being selected for service in Egypt, and would at once proceed to Cairo. The Viceroy of India had also been asked to despatch, if required by the Egyptian Government, forty experienced Mahommedan hospital assistants for general cholera duty. The advice of Sir J. Fayrer had been taken in the selection of the doctors, nearly all of whom had had extensive Indian experience.

On Tuesday, Sir C. Dilke said circulars had been issued by the Local Government Board to local authorities calling upon them, in view of the danger of cholera, to put in force the provisions of the Artisans' Dwellings Acts. Medical officers of health were to be asked to furnish returns of places which they thought ought to be dealt with under the Acts.—Mr. Mitchell Henry suggested that the water companies should erect standpipes in the streets to enable poor people to draw water direct from the mains instead of from dirty cisterns.

On Thursday, Lord E. Fitzmaurice stated that in accordance with the desire of the Egyptian Government the medical officers had—a list of whom will be found on another page—been engaged to proceed to Egypt. Drs. Acland and Gulliver left for Alexandria on Tuesday. The other doctors would leave, *viâ* Brindisi, that (Thursday) evening.—In reply to Lord Folkestone, Lord Edmund declined to give any pledge that Her Majesty's Government would take into their own hands the whole management of the cholera question in Egypt, and stated that they expected a great improvement to follow Dr. Hunter's arrival.—Lord Hartington stated that fourteen cases of cholera had occurred amongst the troops, of which eleven proved fatal. He left it with confidence to the general officer commanding to settle the movements of the troops to other quarters, with the advice of the medical officers, because only those on the spot were cognisant of all the circumstances. The proportion of sick amongst the Duke of Cornwall's Light Infantry at Ramleh was 120 out of a strength of 784. A quarter of the cases were venereal, and there was some increase of febrile disease, dysentery, and diarrhœa.

Smoke in the Metropolis.

Sir W. Harcourt promised Mr. Cubitt to present to Parliament the correspondence between the honourable gentleman and the Duke of Westminster on the subject of the defective administration of the Smoke Nuisance Act in the metropolis; and added that proceedings having been threatened in the case of the Lambeth potteries, the proprietors had agreed to make substantial alterations in order to abate the nuisance.

Obituary.

ALEXANDER PATRICK STEWART, M.D., F.R.C.P. LOND.

ON Tuesday, July 17th, at 75, Grosvenor-street, Grosvenor-square, Dr. Alexander Patrick Stewart, aged seventy, Consulting Physician to the Middlesex Hospital, died. The following brief details of his life will be of interest to his many friends who now grieve for his loss.

Alexander Patrick Stewart, the second of a family of three sons of the Reverend Andrew Stewart, M.D., Minister of Erskine, and of the Honourable Margaret Stewart, daughter of Alexander, tenth Lord Blantyre, was born at Bolton Manse, East Lothian, on August 28th, 1813. He was educated at home by private tutor until he entered the University of Glasgow in 1826. He there studied in Sir Daniel Sandford's class, and was distinguished as a good Greek scholar. Amongst his fellow students at that time was Dr. Tait, the late Archbishop of Canterbury. From 1828 until 1830 he travelled with his family in Holland, Germany, Switzerland, and France, and during a portion of that time he was boarded with a clergyman at Geneva to enable him to acquire an accurate knowledge of the French language. On his return he graduated as a student of medicine at the Glasgow University, and took his M.D. degree at that university in 1838. He was house-surgeon at the Glasgow Infirmary, and he there collected the data upon which he wrote his well-known paper on Typhus and Typhoid Fever, which was published in the *Edinburgh Medical and Surgical Journal* in 1840. After leaving Glasgow Dr. Stewart went to Paris and Berlin to study the hospital practice of the French and German schools, and in 1839 he came to London to commence his life as a physician. He first resided in Mount-street, then in Maddox-street, and lastly in Grosvenor-street, where he died. In January, 1850, he was appointed assistant-physician to the Middlesex Hospital, and in February, 1855, he was promoted to the office of physician. In June, 1866, he retired from the Middlesex Hospital, and was elected consulting physician to that institution. During the time that he was connected with the Middlesex Hospital he lectured first on materia medica in association with the late Dr. Latham, and afterwards on medicine. Whilst physician to the hospital Dr. Stewart was noted for the accuracy of his observations, and his

anxious care for the comfort and well-doing of his patients. His interest in the hospital continued after his retirement from it, and at important meetings of the governors he would attend and fearlessly express his opinion in favour of what he deemed was right. The great work of Dr. Stewart's life was his paper on "The Differentiation of Typhoid from Typhus Fever." The late Dr. Murchison thus speaks of him in his "Treatise on Continued Fevers":—"Dr. A. P. Stewart studied fever in the Glasgow Fever Hospital from the summer of 1836 to June, 1838, and afterwards in Paris. The results of his researches were communicated to the Parisian Medical Society on April 16th and 23rd, 1840, and were published in October of the same year. Dr. Stewart described in a masterly manner the leading distinction between 'typhus' and 'typhoid' fevers as regards their origin, proximate causes, course, symptoms, and anatomical lesions; and he supported his views by a statistical analysis of cases of both fevers. He pointed out more accurately than any previous observer the differences of the eruptions; and he remarked that the characters of the two diseases, when taken collectively, were 'so marked as to defy misconception, and to enable the observer to form, with the utmost precision, the diagnosis of the nature of the disease and the lesions to be revealed by dissection.' He showed that, while there was overwhelming evidence to prove that the effluvia from living bodies in close and unventilated localities could generate the poison of typhus, typhoid fever often appeared in country places and in the best aired houses. The facts and arguments adduced in his memoir forced upon him the conviction that the two fevers were 'totally different diseases.' In November, 1840, a review of Dr. Stewart's memoir appeared in the *Archives Générales de Médecine*, which the writer ended by remarking, that Dr. Stewart's observations demonstrated that in England there were two distinct diseases—typhus and typhoid fever."[1]

Much as Dr. Stewart may have been valued as an able and accomplished physician, it is only those who knew his private life who can thoroughly appreciate his worth. The full extent of his earnest, simple, unpretending Christian life can only be known by those amongst whom he laboured. He belonged to the Presbyterian Church, and was an elder in Regent-square Church during the ministry of the late Dr. James Hamilton, and afterwards in the Belgravian Presbyterian Church under the ministries of the Rev. Thomas Alexander and Dr. Sinclair Patterson. For many years he conducted a Sabbath class for young men, which was largely attended, and a mission service on Sunday evenings among the non-church-going poor in the neighbourhood of Chelsea. Thus he laboured for years until he completed his almost stainless life.

Seeing that Dr. Stewart was such an excellent physician and such a good man, with nobility of birth and nobility of character, how was it that he failed to obtain the highest rewards of his profession? To those who knew him the answer is patent. He had inherited from his father a remarkable want of the appreciation of the value of time, and an irresistible tendency to procrastination. He would sit up during the greater part of the night at work, heedless of the passing hours, and in the morning he would sleep on regardless of the patients who were waiting by appointment to see him. He was equally unpunctual in his attendance on patients away from his house. Dr. Stewart was thus wanting in those primary business habits which have helped to secure success to men far his inferiors in professional attainments.

Although the life of Dr. Stewart must have been a very happy one, for he was of a genial disposition, surrounded by friends, and himself a friend to all, yet at times he was a great sufferer. From the pain and other symptoms his medical advisers believed that he had a calculus in the kidney, and he himself was of the same opinion. Driven by suffering, he consented to have an exploratory incision made down upon the kidney with the view of removing the stone, if one were found. When, however, the time for the operation arrived, Dr. Stewart's heart failed him, and the operation was postponed. Strange to relate, from this date all the more urgent symptoms of stone ceased, and although he experienced some pain when he travelled far, or was much jolted in a carriage, yet it was of a slight and transient character. In the post-mortem examination which has since been made, no stone was found in the kidney, but the left kidney was small, granular, and cystic, with marked evidence of a past inflammation. When a boy aged twelve years, Dr. Stewart broke his left arm by a fall from a donkey, and the result was anchylosis of the elbow-joint. In a letter to a friend, written in 1879, speaking of himself, he says:—"I think a post-mortem examination should be made to ascertain the state of the left kidney, and of the left elbow-joint, which should be excised and placed in the Middlesex Hospital museum in accordance with a promise I made years ago to Mr. Campbell de Morgan."

Dr. Fowler of the Middlesex Hospital made the post-mortem examination, and has carried out the wishes of Dr. Stewart.

For the last two years Dr. Stewart had been failing greatly in health, and during the last twelve months he had had three slight paralytic attacks. On Sunday, the 15th, Dr. Wilson Fox was summoned to see Dr. Stewart, and he found him apparently dying from cardiac dyspnœa, but after the administration of nitrite of amyl he rallied. He continued pretty well until about 11 P.M. on Tuesday, the 17th, when he had a recurrence of the cardiac symptoms. Dr. Wilson Fox was again called in, but remedies proved unavailing, and he died at 11.20 P.M.

Dr. Stewart was buried at Highgate Cemetery on Monday, July 23rd. His funeral was attended by his brother, the Rev. R. Stewart, the Countess of Seafield, Lady Buchanan, the Earl of Seafield, Lord Blantyre, many personal friends, and a numerous gathering of the members of the medical profession, including representatives of nearly all the London hospitals, and several of his old colleagues from the Middlesex Hospital.

[1] Murchison on Continued Fever, p. 422.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen, having passed the required examination, were admitted Members on July 26th:—

Coxwell, Charles Fillingham, M.B. Camb., London Hospital.
Fox, Thomas Colcott, M.B. Lond., Harley-street.
Griffith, Walter Spencer Anderson, L.R.C.P., Guildford-street.
Jenkins, Edward Johnstone, M.B. Oxon, St. Barthol. Hospital.
Kilner, Walter John, M.B. Camb., Ladbroke-grove-road.
Krauss, Adolph, M.D. Munich, German Hospital, Dalston.
Nias, Joseph Baldwin, M.B. Oxon, Montagu-square.
Paget, William Smith, M.D. Lond., Great Crosby, Liverpool.
Syers, Henry Walter, M.D. Camb., Pokesdown, Bournemouth.

The following gentlemen have passed the Second Examination for the licence (Anatomy and Physiology):—

Baker, Walter Robert.
Barnard, Walter Burrows.
Bullock, Henry Maurice.
Byham, William Louis.
Bynoe, Charles Augustus.
Chaldecott, John Henry.
Cheales, Alfred Henry.
Edghill, Nathaniel Ingram.
Hall, William.
Hocken, James Preston.
Hodgson, Ralph.
Jones, Richard.
Owen, Arthur Deaker.
Row, Linford Eife.
Saunder, Charles Stirling.
Shopoff, Pano Ivanoff.
Thompson, Edward Eggington.
Wickham, George William.
Young, Charles Augustus.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examination for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 19th inst.:—

Callender, Gerald, Rugby.
Cardoso, Samuel Nunez, L.R.C.P. Lond., Madras.
Childe, Charles Philmley, Southborough.
Ellis, Charles Cartwright, Oswestry.
Griggs, William Alfred, Tresillian-crescent.
Hillaby, Arthur, Pontefract.
Jones, Maurice Parry, L.S.A., Upper Lyde, Hereford.
Linnell, Alfred, Towcester.
Llewellyn, D. W. Henry, L.R.C.P. Lond., Osborne-terrace.
Maughan, James, L.R.C.P. Lond., Liverpool.
Phillips, F. B. Welliner, Brighton.
Sanson, Charles Lane, Anerley.
Tresidder, Harry Innes, L.R.C.P., West Dulwich.
Wigg, Henry Higham, Adelaide, South Australia.

The following gentlemen were admitted Members of the College on the 20th inst.:—

Beaumont, Edgar, Upper Norwood.
Brown, A. T. Franklyn, L.S.A., Rochester.
Clark, Arthur William, Dorking, Surrey.
Cuolahan, John Herbert, Bermondsey.
Floyer, William Wadham, Victoria-park.
Green, Charles David, L.R.C.P. Lond., Shardeloes-road.
Hunter, George Douglas, Cromwell-crescent.
Kendall, George, Clapham-road.
Lilburne, James Thomas, L.S.A., Duncrievie, N.B.
Powell, Herbert Edward, Hereford.
Powell, John Joseph, Launceston.

Robinson, Clement Sumner, L.R.C.P. Lond., Guernsey.
Robinson, Henry Betham, Lower Norwood.
Sharpley, Edward, Louth, Lincoln.
Williams, Robert Richard, Llanberis, North Wales.
Wilson, Edward, Cheltenham.
Woodson, Adolphus Arthur, Sheffield.
Wright, G. R. Morden, L.R.C.P. Lond., Walworth-road.

The following gentlemen were admitted Members of the College on the 23rd inst.:—

Allingham, Herbert William, Grosvenor-street
Arnold, Ernest Charles, Denbigh-place.
Bredin, Howard Albert, Bootle, Liverpool.
Caldwell, Robert, Tavistock.
Cotes, C. E. Henry, Hammersmith.
Des Vœux, Harold Antoine, Kensington.
Ilewicz, Henry Frederick, L.S.A., Haverstock-hill.
Moline, Paul Frank, Bristol.
Moore, William Hodgson, Silloth, Cumberland.
Paget, Stephen, Harewood-place.
Potter, Harry, Denbigh-place.
Shillingford, Frank Norton, Peckham.
Southern, John Acton, Clapham.
Sutton, Henry Martyn, L.S.A., Reading.
Topham, Albert Stocks, Doddington-grove.
Wilkinson, Robert Hall, East Dulwich.

The following gentlemen were admitted Members of the College on the 24th inst.:—

Atkins, Ernest, L.S.A., Plumstead.
Berkeley, E. J. Gibson, L.S.A., Hackney.
Brown, William Henry, L.S.A., Bexley, Kent.
Evans, William Arnold, L.S.A., Manchester.
Gostling, Thomas Preston, L.S.A., Diss, Norfolk.
Hubbard, Arthur John, L.S.A., Ladbroke-terrace.
Jennings, Robert, L.R.C.P. Lond., Haslingden, Lancashire.
Schofield, Alfred Taylor, L.R.C.P. Lond., Cambridge-gardens.
Thorburn, William, L.S.A., Rusholme, Lancashire.
Walker, Joseph, L.S.A., Kirkby, Liverpool.
Whittingdale, J. F. Lawrence, Ingleton, Yorks.

The following gentlemen were admitted Members of the College on the 25th inst.:—

Aird, Thomas Wilson, East-India-road.
Bennett, Frederick William, L.S.A., Leicester.
Broadbent, Frank, Collingham, Notts.
Cunnington, Cecil William, L.S.A., Devizes.
Evans, Willmot Henderson, L.S.A., Montague-place.
Griswold, Gaspar, M.D., New York.
Reynolds, Ernest Stephen, L.S.A., Old Trafford.
Smith, P. W. Bassett, L.S.A., St. John's Wood.
Strathy, Philip John, M.B., Toronto.

APOTHECARIES' HALL. — The following gentlemen passed the examination in the Science and Practice of Medicine, and received certificates to practise, on July 19th:—

Davidson, John Matthew, Jamaica-road.
Greet, Charles Harvey, Vernon-square, King's-cross-road.
Kirby, Alfred, Batchworth Heath, Rickmansworth.
Lilburne, James Thomas, Brunswick-place.
Nelham, Albert Edgar, Warwick-street, Pimlico.
Starr, W. Henderson, Roseford-terrace, West Kensington Park.

The following gentleman also on the same day passed the Primary Professional Examination:—

Cropley, Henry, London Hospital.

JUVENILE SMOKING.—A new law has just come into operation in New Jersey, U.S.A., prohibiting the sale of tobacco in any form to persons under sixteen years of age.

THE foundation stone of the new Hospital for South London is to be laid by the Earl of Dartmouth on August 1st, the centenary of the Royal Kent Dispensary. The hospital is intended to be a tribute to the memory of Canon Miller, for many years vicar of Greenwich.

TRICYCLE UNION. — We understand that Dr. Benjamin Ward Richardson, whose practical papers on "Tricycling in regard to Health" in *Good Words* have so much helped to popularise the use of the tricycle, has consented to be nominated President of the Tricycle Union.

THE ASTLEY COOPER PRIZE.—At a meeting of the Trustees of the Astley Cooper Prize Fund, held at Guy's Hospital on July 20th, the triennial prize of £300 was awarded to Dr. William Alexander of Liverpool. The subject of the essay was "The Pathology and Pathological Relations of the Disease known as Osteo-arthritis or Chronic Rheumatic Arthritis."

METROPOLITAN ASYLUMS BOARD.—At the ordinary meeting of the managers of this Board, held on the 21st inst., some discussion took place upon the copy of a letter which the General Purposes Committee had forwarded to the Local Government Board, asking for compulsory powers of purchase to be conferred upon the managers, with a view to secure places of embarkation on the banks of the river for the transit of patients to the hospital ships at Long Reach, and for their transference to the proposed convalescent hospital at Darenth. The letter was ultimately approved. A recommendation brought up by the same committee, to the effect that Mr. Adam Miller, naval architect, be appointed to prepare plans and specifications for the execution of such structural alterations in the *Castalia* as may be necessary in order to convert that vessel into a floating hospital for the reception and treatment of small-pox cases, was adopted; and plans for the accommodation of the additional staff required on board the *Endymion* and the establishment of a communication between that ship and the *Castalia* were submitted and approved.

THE heavy fine of £100 was last week imposed upon a pork butcher at Stratford for having on his premises a quantity of meat intended, but unfit, for human consumption. Small fines for such an offence are useless, and large ones are probably, in extensive businesses, recouped in a few weeks. Imprisonment should be the punishment awarded for the crime of vending putrid and poisonous compounds as food.

UNIVERSITY COLLEGE, BRISTOL.—On Monday the prizes awarded to the students of the Bristol Medical School, now associated with the University College, were publicly distributed in the theatre of the museum and library. Mr. W. Proctor Baker, chairman of the Governors of the School, presided, and there was a large attendance of ladies and gentlemen. Dr. Beddoe distributed the prizes, after delivering a very able and interesting address.

CHURCHYARDS AS RECREATION GROUNDS.—The Kyrle Society have offered to "lay out" the churchyard of St. Peter's, Hackney-road, the area of which is about half an acre, as a recreation ground for the use of the adult public. The disused churchyard of St. Leonard's, Shoreditch, has been thrown open as a recreation ground for the people, many hundreds of children especially availing themselves of the opportunity of using it as a playground.

OPENING OF THE HOSPITAL FOR WOMEN, LIVERPOOL. It is now definitely arranged that the Hospital for Women, Liverpool, will be opened by its patroness, the Countess of Sefton, on Tuesday, July 31st. At one o'clock the committee will assemble to receive the Countess, the lady visitors, Sir T. Spencer Wells, Bart., and other invited guests. By two o'clock it is expected that the contributors to the hospital, their friends, and all those who take an interest in the ceremony, will have collected in one of the large wards. The hospital will then be declared open, and an address will be given by Sir T. Spencer Wells, after which the premises will be inspected by those present.

SHIP-SURGEONS.—An influential deputation, introduced by the Right Hon. Sir Lyon Playfair, had an interview on Thursday with the President of the Board of Trade, with the object of urging the need of improvement in the status, accommodation, and pay of ship-surgeons, and of suggesting the appointment of a departmental commission to inquire into the whole question. Mr. Chamberlain stated his objections to any system which aimed at increasing the centralising authority of the Board of Trade; but expressed his desire to increase the efficiency of the medical service on board passenger and emigrant vessels. To this end he promised to introduce a clause or clauses into a Bill he hoped to submit to Parliament next year with the view of amending the Acts which at present regulate merchant shipping.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

ANTHONY, JOHN, L.R.C.P.Ed., L.F.P.S.Glas., has been appointed Medical Officer for the Grassington District of the Skipton Union.

BATTYE, T. HOWARD, M.D. &c. (late Attending Medical Officer), has been appointed Honorary Medical Officer to the Provident Medical Institution, Pimlico.

BRETT, JOHN, M.R.C.S., L.R.C.P.Ed., has been appointed Assistant Honorary Physician to the Melbourne Hospital.

BRYANT, THOMAS, F.R.C.S., Senior Surgeon to Guy's Hospital, has been elected a Consulting Surgeon to the Bolingbroke House Pay Hospital.

DICKSON, T. A., L.R.C.S.E., L.M., has been appointed Dispensary Surgeon to the Paisley Infirmary.

DIXON, HARTLEY, L.R.C.P.Ed., L.R.C.S.Ed., L.S.A.Lond., has been appointed Medical Officer to the Destitute Board, Highercombe and Teatree Gully, South Australia.

FENWICK, E. HURRY, F.R.C.S., has been appointed Assistant-Surgeon to the London Hospital.

GRAHAM, ARTHUR, L.R.C.P., L.R.C.S., has been appointed Accoucheur to the Provident Medical Institution, Pimlico, vice A. W. Moore, deceased. Also Attending Medical Officer, vice Robertson, retired.

HAWARD, F. ROBERTSON, M.R.C.S. &c. (late Attending Medical Officer), has been appointed Honorary Medical Officer to the Provident Medical Institution, Pimlico.

HUMPHERY, Mr. FRANK W., has been appointed House-Surgeon to the Royal Hants County Hospital, vice Mr. H. McDougall, resigned.

ILOTT, EDWARD, L.R.C.P.Lond., F.R.C.S.Eng., has been appointed Medical Officer of Health for the Bromley (Kent) Urban Sanitary District, vice Bayliss, resigned.

JONES, DANIEL MARINUS, M.B., C.M.Ed., has been appointed Medical Officer for the Bishopstone District of the Wilton Union.

KNIGHTS, Mr. J. W., has been reappointed Public Analyst for the County of Huntingdon.

NALL, SAMUEL, M.B.Cantab., has been appointed Demonstrator of Physiology in the Medical School of St. Mary's Hospital.

O'LEARY, MORGAN PHILIP, L.K.Q.C.P.I., M.R.C.S., has been appointed Medical Officer to Port Lincoln Casualty Hospital, South Australia.

RANGER, W. G., M.R.C.S., has been appointed Dental Surgeon to St. Thomas's Hospital, vice J. W. Elliott, M.R.C.S., L.D.S., resigned.

SHEARAR, FRANK, M.B., C.M.Glas., has been appointed Dispensary Physician to the Paisley Infirmary.

SKRIMSHIRE, CHARLES PARNHAM, M.R.C.S. & L.S.A.Lond., has been appointed Public Vaccinator for the Brynmawr District by the Board of Guardians of the Crickhowell Union.

SMITH, JOSEPH, M.R.C.S., S.Sc.C.Camb., has been elected Medical Superintendent to the Dalrymple Home for Inebriates.

THURSTON, WM. FRENCH, M.D., L.R.C.P.Ed., M.R.C.S., has been appointed Surgeon in the Queensland Volunteer Force.

WALKER, HENRY, M.D.Ed., M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the Kingswinford District of the Stourbridge Union.

Births, Marriages, and Deaths.

BIRTHS.

BAILEY.—On the 24th inst., at 9, Cavendish-place, W., the wife of George Hewlett Bailey, of a daughter.

FELCE.—On the 23rd inst., at Kenmare Lodge, Elgin-road, W., the wife of Dr. Stamford Felce, M.R.C.P., of a daughter.

GRIFFIN.—On the 20th inst., at Royal-terrace, Weymouth, the wife of Frede. C. G. Griffin, M.A. and M.B. Oxon., of a daughter.

KIERNANDER.—On the 16th inst., at St. Charles's-square, North Kensington, the wife of Surgeon-Major Wm. Coleridge Kiernander, Bombay Medical Department, of a son.

LEES.—On the 18th inst., at Thurloe Houses, South Kensington, the wife of David B. Lees, M.D., F.R.C.P., of a son.

MCKELVIE.—On the 23rd inst., at Waveney House, Cromer, the wife of Dr. McKelvie, of a son.

MASON.—On the 24th inst., at Pear Tree House, South Ockendon, the wife of A. Haynes Mason, L.R.C.P., of a daughter.

MARRIAGES.

CLAPHAM—CLARKE.—On the 21st inst., at St. Stephen's Church, South Dulwich, by the Rev. G. C. Allen, Crochley Clapham, M.R.C.P., M.R.C.S., to Ada, daughter of Daniel Clarke, of The Lodge, Sydenham-hill.

EDGAR—CLAYTON.—On the 21st inst., at the Church of the Holy Ascension, Settle, Yorks, James W. Edgar, M.D., to Susanna Isabella, eldest daughter of the late Rev. Wm. Clayton, Rector of Bentham.

EDWARDS—WILCOCKS.—On the 17th inst., at St. James's, Norlands, Notting-hill, W., Thomas R. C. Edwards, M.R.C.S.Eng., L.R.C.P.Ed., and L.M., of Harrold, Bedfordshire, only son of Dr. Edwards, of Gloucester-crescent, Hyde-park, to Laura Elizabeth, youngest daughter of the late L. C. Wilcocks, of Duryard-park, Exeter.

HAY—BATTERS.—On the 18th inst., at St. Andrew's Church, Stanstead Abbotts, Herts, John Home Hay, M.D.Edin., M.R.C.S., &c., of Alloa, N.B., to Margretta, third daughter of John Batters, Esq., of Stanstead Abbotts.

TEW—NASH.—On the 19th inst., at Holy Trinity Church, Bolbroughton, by the Rev. J. H. Eld, Rector, James Scott Tew, M.R.C.S., L.S.A., of Bulwell, Nottingham, to Alice, youngest daughter of Isaac Nash, Esq., of the Laurels, Bolbroughton, Worcestershire.

DEATHS.

AYRTON.—On the 19th inst., at Sloane-street, Matilda Chaplin Ayrton, M.D.Paris, L. & L.M.K.Q.C.P.I., aged 37.

DUNCAN.—On April 29th, at Albury, New South Wales, Jas. Campbell Duncan, M.B.Glas.

HAMMOND.—On the 24th inst., at Lewisham, Kent, Henry Samuel Hammond, F.R.C.S.Eng., late of Edmonton, aged 92.

LUCAS.—On the 20th inst., at Greenock, E. A. Lucas, L.R.C.S.I., L. & L.M.K.Q.C.P.I., Surgeon, H.M.S. *Forester*, third son of the Rev. E. A. Lucas, Rector of Killenumery, co. Leitrim, Ireland.

MALLON.—On April 6th, at Camperdown, near Sydney, Patrick Walsh Mallon, L.R.C.S.Ed., aged 76.

MILLER.—On the 24th inst., at 9, Rankeillor-street, Edinburgh, George Miller, M.D. St. And., L.R.C.S.Ed., aged 58.

PHILLIPS.—On the 23rd inst., at 27, Leinster-square, Bayswater, Richard Phillips, F.R.C.S., deeply loved and much regretted by all who knew him, aged 67.

N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET OFFICE, July 26th, 1883.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
July 20	29·75	E.	62	57	79	66	53	..	Cloudy
,, 21	29·58	W.	58	55	103	65	54	·14	Cloudy
,, 22	29·77	W.	59	54	90	66	50	·28	Cloudy
,, 23	29·85	W.	57	53	90	66	49	..	Cloudy
,, 24	29·74	N.E.	58	52	114	69	52	·22	Cloudy
,, 25	29·96	W.	58	54	106	68	52	..	Cloudy
,, 26	30·06	W.	59	55	106	64	53	..	Overcast

Notes, Short Comments, and Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe, or recommend practitioners.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

FISH DINNERS FOR PAUPERS.

WE are heartily glad to find that Boards of Guardians are beginning to recognise the wisdom of giving the inmates of workhouses a fish dinner once a week. The policy is admirable from a health point of view, and it is also economical. Fish can be obtained in large quantities at a very cheap rate, even after the charge for carriage is paid. It is sent direct from the seaport packed in ice. Such food is infinitely preferable to potted or tinned meat, and may even with advantage replace fresh meat once if not twice a week. It is much to be desired that the matter should receive the attention of Boards of Guardians generally. The authorities of public institutions of all classes cannot do better than profit by the experience of the Board of Guardians of Bristol city.

RULES OF THE COLLEGE OF SURGEONS OF ENGLAND.

To the Editor of THE LANCET.

SIR,—It is time that one of the rules of the College of Surgeons for the membership should be slightly modified. When a candidate is rejected he is obliged to attend a recognised hospital. This rule holds good when a candidate is not qualified in surgery, but those who hold surgical diplomas ought not to have such a rule enforced on them which prevents them from ever appearing again for that examination. Those qualified in surgery and registered do not come to be qualified again. Examiners referring such candidates have only done so because they have not acquired a certain standard, and this they can attain by reading larger works. Men who have their practice to attend to cannot spend their time in a hospital.

I am, Sir, yours, &c.,

July 23rd, 1883. A PRACTITIONER.

*** We insert this letter, though we cannot accept the doctrine that the deficiency in surgical knowledge at the pass examination may be made up by reading of any kind. It is a fairly debateable question whether in the cases referred to the compulsory attendance should invariably be at a *recognised* hospital.—ED. L.

THE WREXHAM WATER-SUPPLY.

To the Editor of THE LANCET.

SIR,—The attention of my directors has been called to a paragraph in THE LANCET of the 7th inst., in which it is stated that there is "something approaching a scarcity of water in Wrexham," and they instruct me to ask you to contradict this statement, as not the slightest interruption has taken place in the supply, nor has any limitation whatever been placed by the company upon the unrestricted use of an ample and constant supply, which at a very considerable outlay has been provided for the town and district.—I am, Sir, your obedient servant,

Wrexham Waterworks Company, Charles-street, Wrexham, July 19th, 1883. F. STORR.

*** We have pleasure in publishing the above letter.—ED. L.

ALCOHOL IN THE WORKHOUSES.

OUR contemporary, the *Chelmsford Chronicle*, thus analyses and comments on a return moved for by Mr. Whitworth and presented to the House of Commons showing the quantity of spirits, wine, and malt liquors consumed in each workhouse in England and Wales during the year ending December 31st, 1881, together with the expenditure incurred in the purchase of such liquors. The total cost exceeded £60,000—viz., spirits £19,315, wine £7148, malt liquors £33,838. The daily average number of inmates in the workhouses during the year was 170,506. In the southern and eastern parts of England the guardians, as has long been known, permit the use of alcoholic liquors much more freely than do the guardians in the northern counties, and this difference is the most striking feature exhibited by the returns. For example, in the three eastern counties of Essex, Suffolk, and Norfolk the cost of the liquors consumed in the workhouses during the year in question was, omitting shillings and pence, £4678, the daily average number of inmates being 8602, while in Yorkshire, with a daily average of 11,525 inmates in the workhouses, the expenditure under this head was only £1922. Again, in the south-eastern counties, comprising Sussex, Berks, and parts of Surrey, Kent, and Hampshire, the cost of alcoholic liquors was £10,431, for a daily average of 18,340 inmates; while in the north-western counties of Lancashire and Cheshire, with a daily average of 25,265 inmates, it was only £4312. In the northern counties of Durham, Northumberland, Cumberland, and Westmoreland the drink bill was a mere bagatelle—£557 for a daily average of 6673 inmates, but in the south-midland counties, for a daily average of 9874 inmates, the bill was £4333. In Wales, as in the northern counties, great care seems to be exercised in allowing drink, the cost for all the workhouses in the Principality, with a daily average of 5870 inmates, being only £762. The expenditure for the metropolitan workhouses, with a daily average of 46,323 inmates, was £23,607. Reverting to the comparison between the three eastern counties of Essex, Suffolk, and Norfolk on the one hand and Yorkshire on the other, the items of the expenditure in each case are as under:—Eastern Counties—spirits £1301, wine £422, malt liquors £2955; Yorkshire—spirits £691, wine £311, malt liquors £720. These are singular differences, and it does not require much profundity to draw the inference that either too much drink is allowed to indoor paupers in one part of the country or too little is allowed in the other.

Mr. Holmes's letter is unavoidably held over till next week.

Mr. Blatherwick.—Next week.

"SCOTCH DIPLOMAS."

To the Editor of THE LANCET.

SIR,—Since Madras and Bombay have had their "say" about Scotch diplomas, I think it would not be out of place if I were to give you some idea of the estimate that is formed of them in Calcutta.

Being for some years a student of the Medical College of Calcutta, I am in a position to bear out nearly every statement made by your correspondent, "L.R.C.P.," in his letter to you in THE LANCET of June 23rd last. Some of the best students of the Calcutta Medical College who have entered the Indian Medical Service hold a double qualification from Scotland. But there is one statement of your correspondent from which I must differ, and that is where he says that the Madras Medical School is the best medical school in India. The best medical school in India is undoubtedly the Calcutta Medical College. If Madras were the best medical school, why is it that students from the south of India prefer coming to Calcutta than going to Madras for their medical studies? Besides, the fame of such men as Sir Joseph Fayrer, Dr. Norman Chevers, Dr. D. B. Smith, Mr. C. Macnamara, Dr. F. M'Connell, &c., places the Calcutta Medical College in the first rank of medical schools in India.

Now, as regards your correspondent, "L. M. & S.," of Bombay, he says that "Edinburgh diplomas are regarded as far inferior," &c., in Bombay. I would ask him by whom are they so regarded, and what are their reasons? If people in Bombay think, which I do not believe they do, that the licence of the Apothecaries' Company of London, because it is a London diploma, is the best diploma, it only shows their ignorance. I have known of many students from Bombay who have taken the L.S.A. and have gone back to India "glorifying" in their newly acquired title. I would advise the new comer, "L. M. & S.," to read the evidence of Mr. Cook, of Woburn-place, before the Royal Commission, before he makes his choice of a diploma.

If "L. M. & S.," of Bombay, thinks that the L.R.C.P. Lond. is superior to the L.R.C.P. Edin., I shall, for his satisfaction, prove, by one instance at least, that it is not so. For a certain degree examination which is a very searching ordeal, four candidates went up from London some time ago. Three out of these had the L.R.C.P. Edin, and one was L.R.C.P. Lond. This L.R.C.P. Lond. was plucked at the previous examination in the first examination for that degree, the subjects for which are medicine, pathology, materia medica, and mental diseases. So he was going up for the second time, whereas not one of the three was plucked in the first examination.

"L. M. & S." further thinks that the Scotch degrees are not a whit superior to the Bombay L. M. & S. I would recommend him to try the examinations either of the Scotch universities or corporations by the mere knowledge he has acquired at Bombay, and ten chances to one he will be "ploughed." Knowledge of simple intermittent and remittent fevers with enlarged spleens will not suffice even for the examinations of the corporations. Good clinical work and steady application to study will alone ensure success in examinations in Scotland.

I am, Sir, yours, &c.,

July 10th, 1883. STUDENT, Calcutta.

To the Editor of THE LANCET.

SIR,—I venture again to bring forward a few more facts in contrast to those brought forward by "L. M. & S.," of Bombay, which may I think prove interesting to your readers; but I may say at starting that I am trusting to memory and not to statistical data for all my facts, both in this and in my previous letter. As an invariable rule, those students who intend taking their degrees or diplomas in Europe never take their degrees in Madras, for the very simple reason that no matter what their standard of excellence may be, they are very much looked down upon; and it is very nigh an absurdity to say that the M.B. of Madras is a superior degree to the M.B. of Edinburgh, much less to speak of the Bombay L. M. & S. The senior department, as it is called, of the Medical College at Madras was reopened by Government five years ago, with the object that students should graduate, and prove themselves useful locally; but the Government were rather disappointed, as most students took three years or so in the Medical College, and spent the remainder in Europe, ignoring entirely local degrees. Latterly the Government have instituted a service of assistant surgeons, which I need hardly say is a very badly paid service, for local graduates, and, taking into account the keen competition that there now is for the Indian Medical Service, local graduates may only be too willing to accept these appointments, and so induced to remain in their mother country. The extremely small minority of students going to London is undoubted as regards Madras, and of those who have gone there a large proportion are very ordinary students indeed. In the competitive examination for the Indian Medical Service, Madras has always come well to the front, the majority of men holding Scotch diplomas, a few Scotch degrees, but none, so far as I am aware, with London ones. I think within the last two years or so the Scotch corporations have made great efforts to increase the standard of their examinations, but, unfortunately for them, lost reputation is very hard to recover again. For myself I would prefer having London diplomas to Scotch ones, no doubt for obvious reasons; but I think it would be a wise rule for "L. M. & S." to look to the man, and not always to his qualification. I have made inquiries from students from various parts of the world, at various times during the past two years, and from what I have heard I think it absolutely certain that the great majority come to Scotland, whatever it may be as regards Bombay.

I am, Sir, yours, &c.,

July 21st, 1883. L.R.C.P. & L.R.C.S.E.

To the Editor of THE LANCET.

SIR,—I have read with much interest the letters relative to the above. As I happen to be thoroughly conversant with the teaching of London and Edinburgh schools, and have taken surgical diplomas from both the London and Edinburgh colleges, besides having held appointments in both cities, I should like your permission to say a few words, which I can do without bias.

My object in writing is to point out what apparently very few beyond Edinburgh men (I do not speak of other Scotch universities, as I do not know enough of them) seem to know—namely, the difference between Edinburgh degrees granted by the university and licences given by the colleges. Now, there is just as much difference between an Edinburgh graduate and a licentiate of the Edinburgh College as there is between an M.B. of the University of London and a member of the London College. There are many men holding the licence of the Edinburgh College who have been forced to take it, if they were to qualify at all, from having failed in the university; and of course men holding the membership of the London College are sometimes unable to obtain the Edinburgh University degree just as others fail. It is absurd to contrast the London or Edinburgh College with the University of Edinburgh, the course required for the different examinations being entirely different. If new schemes for examination come into operation, and the Edinburgh College is effaced, one will know the cause of it. I therefore entirely disagree with "L.R.C.P. & L.R.C.S.E.," who considers you underrate the standard required for certain diplomas; and, on the contrary, I think you have done great service in drawing attention to it.

I am, Sir, your obedient servant,

July 17th, 1883. M.D. Edin., M.R.C.P. Lond.

*** This correspondence must now be closed.—ED. L.

"INTENSE ITCHING."

To the Editor of THE LANCET.

SIR,—Cases of pruritus senilis like the one described by Mr. Craven are often the subjects of a gouty diathesis, the urine being acid, with much uric acid and urates; or it may be an hyperæsthesia with skin atrophy. In either case I find an inunction nightly (preceded by tepid sponging) with the following useful:—Chloroform, solution of the subacetate of lead, of each two drachms; powdered camphor, acetate of morphia, of each twenty grains; white precipitate, seven to ten grains; spermaceti to two ounces. No flannel to be worn next to the skin. A nightly draught of bromide of sodium (twenty to sixty grains), with tincture of hops, one drachm, is useful. Alkaline drinks, with nervine tonics, should be given in the day, a change in the tonic being made every few weeks.

I am, Sir, yours truly,

Leeds, July 24th, 1883. T. J. HUDSON, M.B., L.R.C.P. Lond.

DEGREES, GOWNS, AND HOODS.

UNDER the above title the Rev. T. W. Wood has published a little book containing a list of the degrees, gowns, and hoods of the British, Colonial, Indian, and American universities and colleges, which will be found useful as an aid in deciding the degree possessed by any individual who has been seen in the gown and hood appropriate to the degree he may possess. As far as we know, the information contained in this work is not obtainable from any other source, and affords a strong proof of its author's perseverance. Attention is called to what has long been felt as an inconvenience by the uninitiated—viz., the great similarity between the hoods of several universities. Thus the graduate's hood with white fur takes an expert to be able to say to what university it belongs. It may be Oxford, Cambridge, or Durham, an Irish university, or even a colonial. This is a decided disadvantage, and, founded as it is on ancient usage, we are not sanguine that it will ever be removed.

THE PENAL CLAUSES AND SHAM DISPENSARIES.

Mr. R. H. S. Carpenter points out in a letter to us that in their present form the penal clauses of the Medical Bill will be inoperative against unqualified persons opening and conducting so-called provident dispensaries and medical halls so long as they refrain from attaching to them their names in conjunction with the use of medical titles. It is undeniable that sham medical dispensaries are amongst the greatest evils and the greatest frauds upon the poor in London. The fraud has been exposed even in Parliament, and though we should perhaps not expect Parliament to go such lengths in prohibiting illegal practice as Mr. Carpenter does, we confidently believe that Mr. Mundella will be ready to make any reasonable amendments in the penal clauses calculated to prevent the poor being misled and deceived in moments of peril by the false pretences of illegal practitioners.

Necropolite.—The case described in the cutting sent is altogether a very miserable business, upon which comment must be well considered. An unqualified person can be proceeded against for malpraxis, but juries have a wonderful tenderness towards bone-setters, which a plaintiff should well ponder over before he begins an action. An unqualified assistant is not legally entitled to any fee for evidence.

Mr. Cotterill.—The announcement appeared in our last issue.

Alpha.—We do not prescribe.

"EXCESSIVE SWEATING OF THE HANDS."

To the Editor of THE LANCET.

SIR,—Your correspondent, "Puzzled," would find the following treatment for the above both efficacious and satisfactory.

The patient should soak her hands night and morning in warm water, in which should be dissolved about two drachms or half an ounce of the chloride of ammonium, and about twice as much carbonate of soda (crystals), enough water to be used to well cover the hands. I generally prescribe for my patients sufficient for six applications, and, as skins vary in tenderness, tell them to use as much as will temporarily to a slight extent cause the wrinkling known as cutis anserina, a condition which I describe to them as looking like the hands of a washerwoman. After well bathing, the hands are to be well rubbed with the following embrocation:—Tincture of iodine one drachm, compound camphor liniment and glycerine of each a drachm and a half, and compound liniment of belladonna one ounce. (If for the hands, a drachm of eau de Cologne makes the embrocation more agreeable.) The embrocation to be applied twice a day. A cure quickly follows. This treatment is equally appropriate and successful for excessive sweating and even bad smelling feet, for that odour is due to the excessive function of the sudoriparous glands.

I am, Sir, your obedient servant,
FREDK. H. ALDERSON, M.D.

Southerton House, Glenthorne-road, Hammersmith,
July 21st, 1883.

To the Editor of THE LANCET.

SIR,—All the cases of "hyperidrosis" of the hands that have come under my notice I have found to be due to some one of the protean forms in which dyspepsia is wont to manifest itself. The first thing to do, then, is to regulate the digestive system. In the case of a young girl aged seventeen who consulted me lately for this complaint, I pursued the following line of treatment with marked success:—Every day, one hour before dinner, I gave five grains of compound rhubarb pill. Immediately after the three principal meals of the day I ordered a teaspoonful of Fellowes' compound syrup of the hypophosphites in a wineglassful of cold water, with once or twice a week an aloes and myrrh pill. From her dietary I excluded pastry in any form, and recommended fish, fowl, and tripe whenever the last-mentioned article could be procured, giving directions that it should be thoroughly well stewed; also plenty of skimmed milk, but no tea or stimulant (alcoholic) of any kind. Night and morning the hands were to be well sponged with belladonna liniment, and whenever she washed her hands I directed her to pour a teaspoonful of Jeyes' purifier into the water used. This local treatment I have also found most beneficial in hyperidrosis of the feet with offensive smell.

I am, Sir, yours, &c.,
W. A. GORDON LAING, M.B.

Tregoney House, Mevagissey, Cornwall, July 23rd, 1883.

"TAXES ON CARRIAGES."

ON this subject *Mr. Henry Cartmel, M.R.C.S.*, of Manchester, writes:—

"We ought to feel grateful to the Institute of British Carriage Manufacturers for the successful effort which they made last year in preventing the proposed increase, and to assist them all we can in their present laudable endeavour to secure the speedy abolition of the tax. I myself made an appeal at the time to the secretaries of the Manchester Medical and Medico-Ethical Societies to get up a petition against the imposition, but neither appeared to consider it to be within his province to do so, consequently the matter was allowed to drop. . . . . I am not altogether for abolishing the tax, for in a great number of instances the keeping and using of carriages is decidedly a luxury, and as such I am prepared to admit ought to be taxed to the full. But in the case of medical men, for instance, it is mostly an absolute necessity, and as such ought not to be taxed. If, however, a medical man even thinks proper to keep more than one or perhaps two vehicles for the purpose of indulging his own peculiar gratification, then let him also pay the tax of luxury on all such beyond that number. Not very many years ago there was a heavy tax on horses, but at that time medical men were exempt one-half. Dogs also, especially greyhounds and such like breeds, that were kept principally by and for the gratification of the rich, had also a very heavy tax imposed upon them, and justly so too; but now the rich and indolent may keep as many horses and dogs as they like for their own personal enjoyment and have no more to pay in proportion towards the Inland Revenue than a poor widow who keeps her dog for sheer protection, or "Dobbs," who is compelled to keep a horse to enable him barely to eke out his daily bread. It is this unfair taxing of rich and poor alike which makes it fall so heavily on the hard-working class, of which I maintain a medical man is a fair example, and therefore it would only be justice that he for one should be relieved of the carriage duty so far as one or two vehicles are concerned. It may be argued that to exempt a medical man who keeps a well-appointed turn out from duty would hardly be just to "Dobbs," who can afford no such luxury, but in the one case there is no necessity for it, whilst even in the other just look at the wretched "traps" which many medical men can alone afford to keep, and still have to pay. It is not so much the style of the thing as the fact that it is a necessity, which I wish to insist upon as being the ground on which to claim our right of exemption."

W. W. M.—The Privy Council will determine the day, not later than the 1st of September, 1885, for the discontinuance of the old system of registration. Our correspondent should take steps to have his qualification registered. He does not seem to be aware that the clauses of the Bill making a distinction between the new licensing qualification and higher titles was withdrawn in the House of Lords.

Surgeon, I.M.D.—Our correspondent is probably not aware that the system he proposes in his letter is nearly identical with that in operation in France, the results of which, in the opinion of very competent judges, cannot be deemed satisfactory.

Fairplay.—Our correspondent's letter contains statements which could not properly be made in an anonymous communication.

A First Cousin may refer to a notice of the subject in our impression of July 14th, page 88.

Amblyopia, Alpha, and *U.S.A.* have not enclosed their cards.

"LAWN TENNIS LEG."

To the Editor of THE LANCET.

SIR,—On reading the report of Dr. Powell's case in THE LANCET of July 7th, I am reminded of three cases of ruptured plantaris tendon which I attended the summer before last. Two of these occurred whilst playing tennis, in gentlemen over forty; one rather stout, and the other of spare habit. In each case the patient (like Dr. Powell's) thought some one had struck him with a tennis-ball, and with difficulty he hobbled to a seat after the accident. Absolute rest with careful bandaging was prescribed for a month, and then the limb was allowed to be used gradually, a well-fitting elastic stocking being worn. The after-history is interesting. In two months the spare individual, being an ardent devotee of the game, began (contrary to advice) to play, and on the very first day he again ruptured the same tendon, with the old sensation, loss of power, &c. This of course put an end to his play for that year, but last summer and this both the patients have suffered no ill effects from playing.

The third case was that of a stout gentleman (also over forty) who, whilst stepping into a railway carriage, felt a sudden crack in his leg, with acute pain, and he thought someone had struck him a sharp blow with a stick. In his case, as also in that of the other stout patient, there followed somewhat extensive ecchymosis of the posterior surface of the leg, most marked above and below where the plantaris is not hidden between the gastrocnemius and soleus muscles. In the spare man the discolouration was very slight.

I am, Sir, yours faithfully,
W. A. DUNCAN, M.D., &c.

Lambeth Palace-road, S.E., July 9th, 1883.

ERRATUM.—In the article on the Examinerships at the College of Surgeons in our last issue, page 110, line 12 from the commencement, for "write" read *wish*.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir William Smart, London; Professor Norris, Birmingham; Dr. Orme Dudfield, London; Dr. Guido Pedrazzoli, Bologna; Mr. T. Holmes, London; Dr. M'Call, Anderson, Glasgow; Mr. Martin Coates, Salisbury; Dr. Carrick Murray, Newcastle-on-Tyne; Dr. Theodore Williams, London; Dr. Campbell Clark, Bothwell; Mr. Walsham, London; Mr. Blatherwick, London; Mr. Wolfenden, London; Mr. Percy Pope, Owston; Mr. Van Geyzel, Trichinopoly; Dr. R. W. Powell, Ottawa; Surgeon T. Hume, Amraoti; Mr. W. A. G. Laing; Dr. MacCormack; Mr. A. S. Morton; Dr. Fisher; Mr. Bennett May, Birmingham; Dr. Menzies, Galashiels; Mr. F. Storr, Wrexham; Mr. J. W. Allan, Belvidere; Mr. D'A. B. Carter, Bambridge; Mr. Fowke, London; Dr. Macgowan; Mr. J. B. Pike, Loughborough; Dr. F. H. Alderson, Hammersmith; Dr. Cole, Bath; Mr. Rushton Parker, Birmingham; Dr. F. E. Pocock, London; Dr. H. P. Potter, London; Mr. Wykeham Myers, Takow; Mr. G. A. Syme, Melbourne; Mr. Walter Rivington, London; Mr. E. E. Modder, Kurunegalla; Mr. Griffith, Pen-y-groes; Mr. C. Robertson, Manchester; Mr. Cooney, London; Mr. Whitehouse, Sunderland; Mr. E. Chesshire, Birmingham; Mr. Williams, Colchester; Messrs. Smith and Son, Dublin; Messrs. Macmillan and Co., Cambridge; Mr. Thorpe; Mr. Male, Leigh; Messrs. Bolton and Paul, Norwich; Mr. Maythorn, Biggleswade; Mr. Skinner, Thum; Messrs. Dawson Brothers, Montreal; Mr. Whitcombe, Birmingham; Messrs. Wright and Co., Birmingham; Dr. Saul; Mr. Thompson, Gloucester; Mr. Lyddon, Oldbury; Messrs. Macniven and Cameron, Edinburgh; Mr. Bullock, Warwick; Mr. Unicume, Weston Zoyland; Messrs. Peebles and Son, London; Messrs. Kegan Paul and Co.; Dr. Buchanan, Glasgow; Mr. Craig, London; Messrs. Houghton and Co., Boston, U.S.A.; Dr. Edwards, Harrold; Dr. Ducket, Great Yarmouth; Mr. Haywood, Manchester; Messrs. Isaacs, London; Dr. Corby, Cork; Dr. J. C. Watson, Sunderland; Mr. Arthur Price, Newport, I.W.; Dr. Ormesby, Dublin; Dr. Mackie, Alexandria; Mr. Cotterill, Edinburgh; Dr. R. B. Hill, Werneth; Dr. M'Craith, Smyrna; Dr. Mason, Strathpeffer; Dr. J. Higham Hill, London; Mr. W. J. Clarke, London; Mr. J. S. Darling, Ballina; Mr. Hudson, Leeds; Dr. Bell Pettigrew, St. Andrews; Messrs. Andrews and Sons, Epsom; Mr. Davies-Colley, London; Mr. Graddock, Gloucester; Dr. Fitz Henry, London; Mr. Crassweller, Clapton; Mr. Henry Davy, Southernhay; Mr. Roche; A.P.P., L.D.S.; Necropolite; Scotius; H. B., Clapham; A Practitioner; Veritas; Surgeon, I.M.D.; Lex; Fairplay; J. W.; Young Practitioner; A. D.; &c., &c.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. Algar, London; Mr. Newman, London; Messrs. Davies and Hutcheon, Aberdare; Messrs. Maudsley and Son, Liverpool; Messrs. Waugh and Co., London; Dr. Habershon, London; Miss Barclay, Dunbar; Mr. Mullines, Leamington; Mr. Jones, London; Dr. Oliver, Stockton-on-Tees; Mr. Breckwell, Beaconsfield; Mr. Pollard, Edinburgh; Mr. Howell; Miss Spencer, Glasgow; Mr. Harding, Westgate-on-Sea; Mr. Carter, London; Mr. Harrison, Liverpool; Dr. Coates, Sirhowy; Mr. Atkinson, Farnham; Dr. Howells, Scarborough; Dr. Hoskins, Derby; Mr. Whiting, Haslemere; Mr. Adams, London; Dr. Farley, Ontario; Mr. Thompson, Folkestone; Messrs. Beal and Co., Brighton; Dr. Makenna, Melksham; Mr. Hutchinson, Camborne; Dr. Jackson, Bradford; Mr. Morris, Birmingham; Messrs. Richardson and Co., Leicester; Dr. Nattrass, Sunderland; Mr. Mason, Bexley; Dr. Clark, Folkestone; Dr. Roberts, Sheffield; Mr. Moore; Dr. Juler, London; Mr. Sledingk, London; Dr. Imlach, Liverpool; Mr. Fraser, Burnham; Messrs. Maclachlan and Co., Edinburgh; Mr. Johnston, Leicester; Messrs. Keith and Co., Edinburgh; Mr. Tew, Bulwell; Mr. Hilliard, Aylesbury; Mr. Russells, Liverpool; Mr. Lever, Clapham; Mr. Taylor, Barnsbury; Dr. Heelas, Hampstead; Dr. Griffith, Milford Haven; Miss Walker, Liverpool; Mr. Collins, Wednesbury; Dr. M'Kelvie, Cromer; Medicus, Hampstead; Medicus, Uxbridge; C. W. B.; W.; Assistant, Aberdeen; C. O. R., Barnsley; Solicitor; H. C. H., York; Physician, Holloway; T. R. S., Belfast; H. R., Durham; Matron, Grimsby; Dr. D.; G. C.; Principal, St. Leonards; A. Z.; W. E. J.; Rumbold's Moor; Nucleolus; P. W. C.; Principal, St. Leonards; Medicus, Tunbridge Wells; L. M.; A. B., Alfreton; R.; Alpha, Edinburgh; Medicus, Southampton; M.D., Leicester; &c., &c.

East Anglian Daily Times, Native Opinion, Kent and Sussex Courier, Englishman, Scotsman, Glasgow Herald, Leeds Mercury, Manchester Guardian, &c., have been received.

Medical Diary for the ensuing Week.

Monday, July 30.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.; on Tuesday, 9 A.M.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.

Tuesday, July 31.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

Wednesday, August 1.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.—Ophthalmic Operations on Tuesdays and Thursdays, at 1.30 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.—Skin Department: 1.45 P.M., and on Saturday at 9.15 A.M.

Thursday, August 2.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.
NORTH-WEST LONDON HOSPITAL.—Operations, 2½ P.M.

Friday, August 3.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.

Saturday, August 4.

KING'S COLLEGE HOSPITAL.—Operations, 1 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

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